No. 256. Vol. VII.

PHILADELPHIA MEDICAL TIMES.

A BI-WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY HORATIO C. WOOD, M.D.

SEPTEMBER 15, 1877.

LIBRARY FEB 20 1934

CONTENTS.

ORIGINAL COMMUNICATIONS:

THROMBOSIS OF THE BRAIN, HEART, AND PULMONARY ARTERY AS A CAUSE OF MORTALITY DURING THE PROGRESS OF CHOLERA INFANTUM, AND ITS PREVENTION. By BEDFORD BROWN, M.D. . . 577

TWO CASES OF RIGHT LATERAL FACIAL PARALYSIS, PROBABLY DUE TO VENEREAL DISEASE. By S. J. RADCLIFFE, M.D. 580

DIPHTHERIA.—A FEW PRACTICAL REMARKS CONCERNING IT, AND ITS TREATMENT. By WILLIAM MASON TURNER, M.D. 583

NOTES ON THE SUCCESSFUL TREATMENT OF THREE CASES OF PITYRIASIS RUBRA AT THE SKIN CLINIC OF THE PENNSYLVANIA DISPENSARY FOR SKIN DISEASES. By RUFUS K. HINTON, M.D. 585

NOTES OF HOSPITAL PRACTICE:

JEFFERSON MEDICAL COLLEGE—Service of S. W. Gross, M.D., Lecturer on Clinical Surgery, May 9, 1877: reported by W. A. JOHNSTON, M.D.: Vascular Nævus—Pigmented Nævus—Pigmented Hairy Nævus—Mucous Polyps of the Nose—Irritability of the Bladder, the Result of Contracted Meatus and Phimosis 586–589

TRANSLATIONS:

Relations of Pregnancy to Surgical Affections—Etiology of Fibroid Tumor of the Uterus—Formulæ for the Treatment of Scrofulous Ozæna—Cure of Ileus by Insufflation 589, 590

EDITORIAL:

SCHOOL HYGIENE 591

CORRESPONDENCE:

LONDON LETTER 591–595

PROCEEDINGS OF SOCIETIES:

PATHOLOGICAL SOCIETY OF PHILADELPHIA: Caries of the Sacrum and Great Trochanter of the Femur—Catarrhal Inflammation of the Bladder—Fibrous Tumor of the Left Upper Jaw which had undergone Partial Calcareous Degeneration—Tubercular (?) Degeneration of the Kidneys—Pericarditis; Pyæmic Abscesses in Walls of Heart—Membranous Enteritis; Intestinal Casts—Empyema; Miliary Tuberculosis; Nodules in Liver 595–598

GLEANINGS FROM EXCHANGES:

Endocarditis Blennorrhoica—The Use of the Trephine in Depressed Fractures of the Skull—The Formation of Corrosive Sublimate in the System—Laceration of Duodenum—Tumors of the Vagina 598–600

ARMY NEWS:

Official Changes from August 26 to September 8, 1877 600

TERMS.—Yearly Subscription, $4.00, in advance. Single Number, 20 Cents.

J. B. LIPPINCOTT & CO., Publishers,

715 and 717 Market St., Philadelphia.

LONDON: 16 SOUTHAMPTON ST., COVENT GARDEN.

Special Agents: E. R. PELTON, 25 Bond St., New York. A. WILLIAMS & CO., Boston. A. ROMAN & CO., San Francisco. BOSSANGE & CIE., Paris.

Copyright, 1877, by J. B. LIPPINCOTT & CO.

K. & M.
INFANTS' FOOD,

PERFECTLY **FREE FROM STARCH,** *AND PERFECTLY SOLUBLE.*

CONTAINS NO ALCOHOL.

An extract prepared from malted grain, consisting of grape sugar; dextrine, alkaline phosphates, etc.
"A child deprived of its mother's milk can only be fed properly when the food is equivalent in power to woman's milk."—BARON LIEBIG.

DIRECTIONS FOR USE.—Dissolve a tablespoonful of this extract in one-third of a pint of fresh, warm cow's milk, by simply stirring it. This being double the strength of mother's milk, it should be diluted with an equal quantity of warm water, until the infant is some months old.

Prepared with the most scrupulous care by

KEASBEY & MATTISON,

Manufacturing Chemists, 332 N. Front St., Philadelphia.

SEND FOR PAMPHLET ON MALT AND NEW REMEDIES

Awarded
TO
H. C. BLAIR'S SONS,
FOR
Prepared Wheat Food
AND
Pharmaceutical Preparations.

BLAIR'S PREPARED WHEAT FOOD.

A Nutritious Diet for Infants and Invalids.

This article is a true extract of choice Wheat, prepared by an approved process, thereby retaining all the nutritive constituents and rejecting those which are irritating or otherwise objectionable to a delicate system. It is thoroughly cooked, and will keep without change.

Apothecaries,

HENRY C. BLAIR'S SONS,
Eighth and Walnut Streets, PHILADELPHIA.

FIRST PRIZE OVER ALL COMPETITION.

WM. R. WARNER & CO.'S
SOLUBLE "SUGAR-COATED PILLS."

JUDGES' REPORT:

"The Sugar-Coated Pills of William R. Warner & Co. are SOLUBLE, RELIABLE, and unsurpassed in the perfection of Sugar-Coating, thorough composition, and accurate subdivision.
"The pills of PHOSPHORUS are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation."

Attest, J. L. CAMPBELL. [SEAL.] A. T. GOSHORN, *Director-General.*

International Exhibition.
THREE AWARDS.

HANCE BROTHERS & WHITE,
PHARMACEUTICAL CHEMISTS.
Office, Callowhill St., cor. Marshall, Philadelphia.

DIALYSED IRON.
SULPHO-CARBOLATE SODA.
MONOBROMATED CAMPHOR.
EXTRACT ERGOT, for Hypodermic Use.
SACCHARATED PEPSIN, Etc., Etc.

Catalogue of our manufactures mailed upon application.

CENTRAL DRUG STORE FOR SALE.

A WELL-STOCKED DRUG STORE, in a town of 1500 inhabitants. Best location in the town. Doing a good business. Rent low. Will sell cheap for cash. On line of P. R. R. Ill health cause of selling. Address
LITTLESTOWN, PA., P. O. Box 58.

WOMAN'S MEDICAL COLLEGE
OF THE
NEW YORK INFIRMARY,

128 Second Avenue, Cor. 8th St., New York.

Regular Session of 1877-78 will open October 1st. A thorough course of three years' instruction by Lectures, Clinics, and practical work in Laboratory, Drug-Room, and different Wards of the Infirmary. For Catalogues, etc., address the Secretary of the College,

MERCY N. BAKER, M.D.,
128 Second Avenue, New York City.

PHILADELPHIA, SEPTEMBER 15, 1877.

ORIGINAL COMMUNICATIONS.

THROMBOSIS OF THE BRAIN, HEART, AND PULMONARY ARTERY AS A CAUSE OF MORTALITY DURING THE PROGRESS OF CHOLERA INFANTUM, AND ITS PREVENTION.

BY BEDFORD BROWN, M.D.,

Alexandria, Va.

A VERY considerable proportion of the mortality arising from cholera infantum is due in reality to the development of thrombosis, either of the brain, heart, or pulmonary artery.

The pathological indications, both of the approach and full establishment of this condition, are highly characteristic, and differ materially from those of simple collapse attending cholera infantum.

Causes.—The original causes of these peculiar complications are not local in character, but are of a general nature, and are due manifestly to certain powerful impressions on the nervous centres and the vaso-motor system by the action of a high degree of solar temperature, by which that system and the great nervous centres, the brain and spinal cord, suffer from a state analogous to functional paralysis of a partial or incomplete character. Consequent and secondary to this influence, a series of changes occur in the vital and mechanical constitution of the blood, by which its solid and fluid constituents are rapidly separated, the latter being drained off from the former through the intestinal canal by exosmose rather than by secretory action.

In infancy the vital and chemical affinities existing between the blood-constituents are not so close and intimate as in the adult constitution. This fact is observed in the facility with which the fluid portions are drained off in ordinary cases of diarrhœa. With the vaso-motor system partially paralyzed from the action of intense heat, and the blood largely deprived of its fluid, saline, and albuminous properties, a general condition is established exceedingly conducive to thrombosis either in the heart, pulmonary artery, or brain.

That complication of cholera infantum, heretofore termed *congestion* of the brain, has ever been regarded as one of the most alarming and grave to which infantile life is liable.

In the vast majority of these supposed cases of congestion of the brain and effusion in the cranium occurring in this disease, thrombosis is the true pathological condition; while passive congestion and serous effusion, if any, are only the remote results of the former.

The mere designation of this class of cases as *congestion* does not by any means explain their real character and import. At the same time it tends to divert the attention from their true causes and the proper means for their correction.

The prime and original cause of a large majority if not all of those morbid phenomena which constitute the elements of cholera infantum is found, as before stated, in an intense degree of solar heat acting on the tender organism of infancy, in which the nervous centres, the sympathetic system, and the blood-making process suffer principally. This truth is manifested in the excessive languor of the voluntary powers, the irregular, depressed, and frequent action of the heart, the inactive state of the digestive powers, and the torpor of the nutritive and secretory functions. In consequence of this dangerous depression of the nervous system, blood disorganization and disintegration very soon begin, and proceed rapidly to a separation of its solid and fluid constituents by this process of exosmose. In most of these cases there is no evidence whatever of local lesions in the intestinal canal to explain this process of exosmose by which the constituents of the blood are so speedily separated.

The action of the heart in bad cases of cholera infantum becomes so enfeebled and irregular from the paralyzing influence of heat on the vaso-motor system, as is seen in the vomiting and purging, as to fail to propel the blood completely through the round of the circulation. Hence, when the vital influence of this system is lost to the circulatory organs, coagulation is liable at any time to occur in the heart and vessels.

Symptoms of Thrombosis of the Brain.—Thrombosis of the brain in cholera infantum is usually preceded for several

hours by excessive restlessness, jactitation, and indisposition to sleep. When the condition has been fully established, the first intimation may be either general eclampsia, partial convulsive movements confined to one side, one limb, or even the muscles of the face; while there may be, in other cases of a still more serious character, stupor, rapidly merging into profound coma.

Under these circumstances the temperature of the body and extremities falls rapidly below the natural standard, while that of the head is rather increased.

This is also true of the early stages of embolism, or thrombosis, confined to the principal veins of one of the limbs. Immediately following the impediment there is rapid increase of heat below that point in proportion to the œdema, then as sudden and rapid decline, until local death takes place. In the preliminary and primary stages the pupil is always contracted. To such degree does this take place that it is generally reduced to the dimensions of a pin-hole. But, as the convulsive movements subside and the comatose phenomena appear, the iris expands until it becomes a scarcely discernible ring, resembling the pupil of one under the profound influence of belladonna. Hence, a very contracted pupil occurring during an attack of cholera infantum denotes with much certainty a tendency to thrombosis of the brain. During the early stages of this latter condition the pulse always begins to increase in frequency, until during the climax the alteration is so great that the rate cannot be calculated.

Thrombosis of the Heart and Pulmonary Artery.—This complication usually appears in cholera infantum after a large number of serous intestinal discharges, copious in quantity, have taken place in rapid succession. It is always preceded by acceleration and difficulty of respiration, which continue to increase in proportion to the thrombic disposition. Thus, any unusual dyspnœa of a fixed character during the progress of serious cases of cholera infantum, without the presence of other pulmonary lesion, is a harbinger of evil, and denotes that thrombosis of the heart or pulmonary vessels is threatened. In simple collapse the complexion is *pallid* and *white*. But in thrombosis *lividity*, beginning in the extremities and lips, is always present, and denotes its development very early.

In some cases of this kind lividity has been observed to such extent as to resemble asphyxia. The suffering infant gasps for air, as if laboring under some serious pulmonary disease of an inflammatory character. Yet in such cases the respiratory murmur is not only clear, but unusually loud and puerile.

On the contrary, the cardiac sounds are found to be exceedingly imperfect and the rhythm irregular, while the action of the heart is painfully tumultuous, rapid, and feeble. Many of those extraordinarily sudden deaths from cholera infantum are really due to this complication. In some cases death occurred in from three to five hours after its development.

Case I. Thrombosis of the Brain.—A healthy infant, of eleven months, was attacked in the night with cholera infantum, and, by nine o'clock in the morning, when first visited, had had ten or twelve copious discharges, with frequent vomiting. At that time all the indications were present of impending thrombosis of the brain, consisting of excessive restlessness, contracted pupils, great frequency of pulse, partial stupor, muscular contractions and twitchings, and also strabismus. These symptoms increased rapidly in gravity, and speedily ended in paralysis of one entire side, while the muscles on the opposite were in a state of constant automatic movement. Profound coma, with extreme dilatation of pupils, terminated the scene.

Case II. Thrombosis of the Heart.—An infant of only eight months, of previous good health, was attacked with cholera infantum of a violent type. When first visited, only ten or twelve hours after the onset, the respiration was so much accelerated and difficult as to call attention to the condition of the lungs. But the respiratory murmur was found perfectly normal. The complexion was so livid as to resemble that of a child partially asphyxiated. Such was the difficulty of respiration that any exertion, even the acts of crying, taking water or nourishment, caused excessive dyspnœa. The systolic sound of the heart was entirely abolished, while in place of the rhythmic sounds there were only confused and irregular murmurs of an indistinct character.

These are true types of thrombosis, occurring during attacks of cholera infantum, which have not unfrequently come under my observation in past professional experience. Than these there are no morbid affections to which infancy is liable that are more fatal in results.

Treatment.—When thrombosis or em-

bolism is once established in an attack of cholera infantum, the removal of the condition is of such a hopeless character that treatment, except for purposes of alleviation, is worthless.

On the contrary, much may be accomplished, both by therapeutic means and by a rational system of diet, to prevent the occurrence of these very grave complications. In the first place, it is necessary as far as possible to avoid the paralyzing influence of a high degree of temperature on the system. A change of 20° will almost invariably accomplish that result. If this be not practicable, then one of our best correctives is the use of the cold bath systematically night and morning, followed by ample and efficient friction previous to and during the attack. Whenever reaction follows, good is certain to result. Secondly, to arrest vomiting and purging, for the purpose of preventing undue waste of blood-material. For the latter, enemata of water, frequently repeated, containing in minute solution alum or tannin, glycerin, and an appropriate proportion of tinc. opii. In these cases water is better than starchy matter as a vehicle, as it aids in supplying the wasted serum. To arrest vomiting, bismuth combined with minute quantities of cerium and alum, with the free use of ice and iced gum-water.

There is one principle in regard to the administration of medicine which is often lost sight of,—that is, minuteness of dose and frequency of time. I am convinced that much is lost often by making the intervals between the doses too long. From thirty minutes to an hour is a sufficiently long interval. A longer period than the former is often a dangerous delay. By this assiduous practice we can generally succeed in arresting undue drainage. The metallic astringents appear to act in these cases, when greatly diluted, on the mucous surface of the stomach and intestines, particularly the alum, as a decided sedative. To correct that dangerous depression of the vaso-motor system, which often amounts to absolute paralysis of the entire organic system, the free use of alcoholic stimulants is necessary.

I have known an infant of twelve months, with a very dangerous attack of cholera infantum, to take a half-pint of good brandy in twenty-four hours with marked benefit. One of the most important questions in this connection is that of maintaining the organic constituents of the blood in a complete state of solution. The blood cannot lose its fluid elements below a certain point without also losing its capacity for circulation through the capillaries. When this is reached, then death ensues from capillary stasis.

Hence the necessity, in this and kindred affections, of the copious ingestion of fluids. Death does not result from the mere local disease of the bowels in cholera infantum, but from certain blood-changes produced by inordinate drainage and depression of the nervous system, resulting either in thrombosis or capillary stasis.

In these cases it is but little of the solid elements which are lost, but the serous: thus it becomes our imperative duty to unremittingly replace this lost serum.

The method formerly was to restrict patients with this affection in the use of water and other fluids. I have lived to see both systems fairly tested, and am convinced from experience that the abundant use of cold water is not only a refreshment, but a necessity, in these cases. I am also convinced that under the former method these little patients have not only been made to suffer fearful torture from the *careful* and *studious* deprivation of cold water, but that a large mortality has resulted alone from this cause.

Iced gum-water may be used *ad libitum* in bad cases. Nutriment must also be given in a perfect state of solution, ready for rapid and easy absorption.

In this way the blood is kept supplied with a sufficient amount of fluid material to retain its solid elements in a complete state of solubility, while the heart and great vessels have ample bulk to act on and propel the vital fluid forward to the capillaries.

The form of the particular nutriment to be adopted in cholera infantum is a question of vital moment, and one on which depends the final result.

In these patients it is too often the case that this is regarded in the light of a secondary matter, while all importance is attached to the power of medicine. Such is the difficulty of digestion and absorption of nutriment, and the utterly indigestible character of that generally used in these attacks of this affection, that not unfrequently the little patient survives the attack by living alone on the materials of his own body, which are only renewed

after the power of digestion is restored. During an attack of cholera infantum, food containing fibrinous or caseous matter cannot be digested. Albumen in extreme dilution, as that of eggs beat up and highly diluted with sweetened water; the water in which good bread or crackers has been boiled; mutton- or lamb-broth, very delicately made; beef-tea, made only by extracting the juice of the fresh lean meat, with cold water, and then properly cooked, constitute forms of nutriment which can be absorbed and carried into the circulation without difficulty.

TWO CASES OF RIGHT LATERAL FACIAL PARALYSIS, PROBABLY DUE TO VENEREAL DISEASE.

BY S. J. RADCLIFFE, M.D.,

Washington, D.C.

CASE I.—Frank K. W., American, aged 23, lithographer, stout-built. Had syphilis—a single chancre—two years ago. Within the last six months has been addicted to extreme venereal indulgence. Has been treated for syphilis and spermatorrhœa.

October 21 last he first noticed falling of the lower lid of right eye, with considerable injection of the conjunctiva, and constant flow of tears, which was followed gradually by partial paralysis of the muscles of the right side of the face, especially those connected with mastication.

He consulted me for the present trouble November 4, presenting the following symptoms:

The lower lid of the right eye was drawn downwards and to left, exposing larger part of the globe; conjunctiva injected; eye suffused. Could not move the muscles of the right side of face or raise the lid. Could not masticate on right side or manage the food with his tongue. Could not eject saliva from his mouth or expectorate. Could not whistle. Deglutition and speech very much impaired; no swelling or tumor about ear or face; no tenderness along spine; no appreciable difference in temperature of the two sides of face; sensation somewhat altered and limited by the median line.

Began the treatment with ¼ gr. ext. nux vomica three times daily, and the gradual use of the faradaic current, increasing its strength each day to as much as he could bear, passing the positive wet-sponge electrode along the facial, infra-orbital, temporo-malar, and buccal nerves, and continuing the séance ten minutes. After one week I prescribed 10 grs. potassium iodide twice daily, with ¼ gr. ext. nux vomica once daily, and continued this, with faradization, another week.

Nov. 18.—The muscles of face had almost resumed their normal function. Slight difficulty in spitting; could not draw up right cheek and lid quite as well as left; mastication and speech nearly perfect. All the other functions acting well; general health improved.

Nov. 27.—Quite well of any paralysis. Discontinued battery on 24th; continued iodide of potassium and ext. nux vomica.

Dec. 15.—Discharged. After this he changed his business for one more active and in the open air, and has had no return of the symptoms.

Case II.—C. C. E., aged 32, clerk, rather spare-built, dark complexion, erect in figure. He had suffered from constipation of the bowels and with hemorrhoids for several years. Early in 1872 had distressing dyspepsia, aggravated by repeated dosing; became reduced in flesh and anæmic. Inflammation of the neck of the bladder set in, involving the prostate gland, probably the result of gonorrhœa. Micturition was frequent and painful, the burning pain remaining long after the act; sleep was interrupted, and not refreshing. Thinking his kidneys were affected, he went to Gettysburg, Pa., 1st May, 1872, and for two weeks gorged himself with katalysene water, with no benefit whatever. He then went to Danville, N. Y., and placed himself under the "Water Cure," with some general benefit. At the end of six weeks he left the establishment somewhat improved, though the pain in the urethra and bladder was greatly aggravated at times. He returned to Washington and to his office duties; which latter proved very trying, and a very acute pain developed in the lumbar region at or between the fourth and fifth lumbar vertebræ. He became very nervous and irritable; sleep was disturbed, and taken only at short intervals and in different attitudes, generally lying face downwards, there being less pain in that position. A pain was frequently felt in the occiput, as if reflected from the lumbar region. It was with difficulty that the mind could be placed or kept attentively upon one subject for any length of time. After reading for a short time, the eyes would close unavoidably, but instead of sleep a dull, benumbed sensation would seem to pervade the brain, and life became, if not a burden, of little moment to him. Still, he continued to attend to his office duties. This state continued with slight change till April, 1874; a loss of virility then supervened, though he had been "strictly virtuous."

On the 24th April he consulted a very distinguished specialist for diseases of the nervous system then in the city, who, after a close examination, prescribed the following:

℞. Liq. sodæ arsenitis, f℥ii;
Infus. calumbæ, f℥iii.

M.—Sig. A teaspoonful after each meal. Ice broken in small lumps to be applied to the

spine where the pain existed, for twelve minutes, three times a day, a large handful each time. The directions were followed carefully till the third day, when a twitching of the muscles of the right side of the face, eyelid, and lip was noticed; and on the fourth day those muscles governed by the distributing branches of the right facial nerve were completely paralyzed. Under these circumstances he applied to me for treatment, when he gave me the above intelligent statement.

He presented at that time well-marked facial paralysis of the right side. He had no control over the muscles of the right side of face nor of the eyelids. He could not use the labial letters, whistle, blow, expectorate, or chew on that side. The buccinator was loose and hanging. The conjunctiva was injected and the eye suffused. He had no headache; and no tumor, swelling, or inflammation could be detected about the jaw, parotid, or cranium. Hearing was good, and sight not impaired. I then examined him in reference to the trouble of the bladder and prostate and loss of virility. He informed me that he had gonorrhœa previously to that attack, and as he got well, as he supposed, of the gonorrhœa, he did not attribute the one as the result of the other, though he might say he had had the affection of the bladder ever since, and the impotency came after. I then placed my attention upon the pain in the back, and, upon close examination, found it located over the sacrum, and extending to the lower lumbar vertebræ. There was, except upon increased pressure or percussion, no well-marked tenderness. He complained of some soreness, but this might have been muscular or cutaneous from the continued use of external applications of plasters, rubefacients, etc. He said the pain was not affected by motions of the body; that it was constant, boring, aching, and at times almost unbearable. The urine contained a large quantity of mucus, was muddy, acid, and scanty. Temperature normal; heart's action a little accelerated; appetite fair, and bowels regular in action. I directed absolute rest for twenty days from all duties, and I placed him at once upon 2 grs. of ext. ergotin with ¼ gr. ext. belladonna three times daily, directed warm applications to the spine over seat of pain, by fomentation and poultice, the surface to be protected from the vicissitudes of the weather, and applied the faradaic current over the muscles of the face once daily. This was kept up for ten days, when the case was found progressing well; and, continuing the treatment, the paralysis of the face having subsided and the pain in the back so much less, on the sixteenth day of treatment he voluntarily returned to work again. I then directed him to take four capsules of copaiba (Mathey-Caylus) three times daily after meals, and some ferruginous tonic before meals, followed by sodium sulphite; warm applications to the spine to be continued. This treatment was continued for several months, and November 30 he informed me, though there was some irritability of the bladder and some pain still in the lumbar region, his virility had to a great degree returned, and he was in better health than he had experienced for three years or more. He applied to me for consultation quite irregularly after this, though I have seen him and talked with him occasionally about his case. When last seen, he had been uninterruptedly at work at the desk, and had had no venereal trouble since treatment was discontinued.

Remarks.—Without intending to discuss the various and conflicting theories relative to the production of remote disorders through elements of the nervous system, by contiguity or continuity, I simply present these cases as somewhat unique, and as tending to illustrate some of the difficulties we encounter in rightly appreciating the disorders under which our patients labor. We know that in rightly diagnosing disease half of the difficulty in treatment is overcome: indeed, we might say that rational treatment cannot be conducted otherwise. That the first of these disorders was of syphilitic origin I think there can be no doubt. Proof is not wanting to show that the syphilitic diathesis is capable of producing paralysis, either complete or partial; but in this case whether the facial paralysis was brought about by the mere blood-poison acting upon the general nervous system, or syphilitic organic trouble, may be a matter of question. Yet an analysis of the symptoms would rather point to the former as the more probable. Hanfield Jones states, "It is a question of considerable importance, but which I have no means of answering from my own experience, whether the syphilitic poison is capable of giving rise to nerve-disorder independently of the production of organic disease. The analogy of gouty and rheumatic diseases would lead us to an affirmative opinion." He quotes M. Zambaco, "who relates three cases, which prove, he says, in the most incontestable manner that the syphilitic diathesis may attack the nervous centres and produce profound dynamic disorders, without our being able to refer these disorders to a modification of structure, and this, too, even when there exists complete paralysis of motion and sensation."

Erb, on the other hand (Ziemssen's Cyclopædia), speaking of general paralysis,

and especially those paralyses occurring in chronic infectious diseases and in certain cachexiæ, says, "These paralyses, which may be referred partly, no doubt, to the defective quality of the blood, are chiefly caused by certain anatomical lesions of the nervous system. This is particularly the case in *syphilis*, which most frequently of all these forms of disease leads to paralysis." And again, "A cause which may act in different ways, and which, on account of its frequency, is deserving of separate mention, is syphilis. Paralyses of the ocular muscles are, indeed, amongst the commonest nervous symptoms that occur in the later stages of syphilis, and may be occasioned by very various anatomical changes, as by periostitis and exostosis in the orbit or at the base of the brain, or by gummata at various points in the course of the nerves or in the brain. . . . A not unusual cause of facial paralysis is syphilis, the products of which, as gummata, periostitis, meningitis, exostosis, etc., at the base of the skull in the temporal bone, or in the brain, very frequently affect the facial nerve. Syphilitic affections at the base of the brain in particular implicate the facial with other nerves." But excessive venery may also have been a factor in this case. The second case seemed to come under the category of those diseases called by Jaccoud palsy from peripheral irritation, by Hanfield Jones inhibitory paralysis, and by Brown-Séquard reflex paralysis. Physicians and surgeons at different times, says Aitken, have met with and recorded cases of paralysis which the amount of disease present in the nervous centre or its covering, after death, would not account for, which blood-poison would not account for, but which were found to be uniformly associated with injuries or diseases of parts or organs remote from or not directly contiguous to the spinal marrow. Such cases were assumed to be cases of "reflex paralysis," and they have now been long recognized and described by various writers. And he further says, "The fact is familiar to surgeons that catheterism often produces chills, tremors, and even convulsions," and alludes to proof of a negative kind, which shows that "the spinal cord may have its functions impaired or even lost, and that suddenly, without any anatomical lesion."

The symptoms in this case were obscure; and yet, tracing the trouble from the gonorrhœa, which was remote, then to the cystitis, then to the spine, the irritation continuing up the spinal cord, we finally have the facial paralysis. And then in the treatment, which was directed to allay local irritation, and then to tone and strengthen the general nervous system, the result was satisfactory. The symptoms did not lead intuitively to suspecting disease or lesion of the brain or cord *per se*, or apoplectiform condition, which we know is inevitably followed by, or associated with, hemiplegia, but rather to irritability of the cord extending to the nervous centres, producing a peripheral effect, as manifested in the local or facial paralysis. Niemeyer says, "The irritability of the facial, or of its attachment to the brain, may be impaired (1) by causes which act upon it prior to its entrance into the external auditory meatus; (2) by such as affect it during its course through the petrous bone; (3) by agents which involve the peripheral ramifications upon the face." In regard to the third proposition it may be a question whether the application of ice to the spine, as he practised, or in conjunction with the arsenical preparation which he took, had anything to do with the ultimate results. It is well known, as Niemeyer records, that sudden chilling of a warm face is a much more common source of facial palsy than any other agent; and it may not be irrelevant to say that chilling any part of the surface almost down to the freezing-point may, if anæsthesia is not produced, have a remote or reflex manifestation quite analogous to the facial palsy; and Dr. Christison says there are symptoms of the effects of arsenious acid referable to nervous irritation, such as imperfect palsy of the arms and legs, epilepsy, tetanus, hysterical affections, mania, and coma.

These are considered, however, as merely accidental conditions, and could not be applied to a long train of symptoms which had defied a variety of remedies persistently used, though perhaps under a misapprehension of the real facts in the case.

We distinguish myelitis from meningitis of the cord by the following symptoms, though both are often obscure. The symptoms of rachidian arachnitis or meningitis of the cord are often obscure at the commencement, but once formed the disease is characterized by pains in the back, with affection of the muscles and retention of

urine. Paralysis does not occur except by pressure produced by exudation of the fluid or by extension of inflammation and disorganization of the cord itself. In myelitis the patient complains of pain in the back, corresponding to the seat of greatest intensity of inflammation. This is not constant, but when we make pressure with the fingers over the spinous processes of the affected part, it may be augmented or only then felt. These symptoms are succeeded by impaired motion, and often likewise by diminished sensation of one or more limbs, followed by paralysis or other forms of palsy (Aitken); while "spinal irritation" is used to indicate a condition chiefly characterized by sensitiveness of certain spinal processes to pressure, great inclination to reflex movement, and a general hyperæsthesia. (Niemeyer.) Irritation of the cord, however produced, according to West, gives rise in the child, as well as in the adult, to impairment of the motor power, and, as Hanfield Jones observes, "It seems to be well ascertained that an *unfelt irritation* may give rise to very various morbid phenomena affecting both the motor and sensory nervous organs." Eliminating from our observation, then, any reference to myelitis or meningitis as approximately or remotely connected with the cases presented, may we not interpret them as belonging to that category of morbid phenomena referable solely to spinal irritation, and which, as Da Costa remarks, not being due to a cerebral malady, are not signs of serious danger?

DIPHTHERIA.—A FEW PRACTICAL REMARKS CONCERNING IT, AND ITS TREATMENT.

BY WM. MASON TURNER, M.D.,

Philadelphia.

I HAVE recently been led to believe that there are many cases diagnosed as diphtheria which are *not* diphtheria, and bear no resemblance whatever to it, save, indeed, that they are affections of the throat. Among some medical men it has become a fashion, certainly a custom, to state unqualifiedly that any patient showing white patches or ulcerated spots in the fauces or on the tonsils has diphtheria. And in those cases such statements are often at absolute variance with facts. *Why* they are made it is not my province to discuss, though reasons may be readily conjectured. I am simply stating *truths*, as they come under my own observation.

In this connection I would remark that several patients have come to me stating that some homœopathic practitioner had diagnosed their ailment as diphtheria, said ailment on examination proving to be an ordinary tonsillitis, which had broken down, and revealed, here and there, ulcerated patches, all of which, with accompanying symptoms, disappeared rapidly under a very simple, yet appropriate, treatment,—viz., a mild mercurial, followed by a brisk saline purge, this, in turn, followed by a vegetable tonic, the treatment aided by gargling or mopping the throat with the old (and now much neglected) compound sage decoction.

This *mistake in diagnosis*, I am sorry to say, is not confined to homœopathists. I have noted more cases than one which had been determined as diphtheria of the most malignant character by old school practitioners, which cases were not diphtheria at all. I recall one in particular; and I most sincerely hope that this record may escape the notice of a well-known and highly-deserving professional brother. He (the physician) was called to see a young man who had "a very bad throat." Diphtheria, so called, was prevailing extensively in the vicinity. Dr. —— examined the case thoroughly, and most unequivocally pronounced it diphtheria. He prescribed accordingly. The patient, however, did not progress as favorably as might be expected, and by some means (which I cared not to trace) drifted under my care. I examined the throat, and, at the same time, extorted a little previous "history." To come to the point, I discarded the diphtheria theory; and my diagnosis was, *syphilitic sore throat*. I think I was right. At all events, the *ulcers* in the throat and upon the buccæ (*not* white or gray *patches* peculiar to diphtheria) soon got well under a few applications of the acid nitrate of mercury, diluted, accompanied by the internal exhibition of the iodide of potassium and the biniodide of mercury.

In a word, of my own knowledge, I am aware of more than forty cases, some of recent date, which have been diagnosed as diphtheria, yet none of which showed the *peculiar* "exudation of fibrinous and albuminous matter, in the form of pellicle, un-

derneath the epithelium." (Prof. Geo. B. Wood.)

The above remarks are given solely to direct closest attention to *proper diagnosis*. Most certainly that is a point of vital importance, as the consequent (*successful*) treatment must depend upon it *in toto*.

I am well aware that there are epidemics of diphtheria, and that often, and in certain localities, it prevails to an alarming extent; but, to supplement what I have said already as to its comparative rarity, I would add that during a long sojourn in the city of Paris I only saw about *four* cases of *genuine* diphtheria in the wards of La Charité, Lariboisière, the Beaujou, and Hôtel-Dieu hospitals.

In the autumn of 1859 and the spring of 1860, when beginning practice in Petersburg, Va., it was my good fortune to see many cases of *bona fide* diphtheria. It then and there raged to a fearful extent. I noted it in many instances, from its incipiency to its ending in partial or complete paralysis. And just here I would ask, in view of the prevalence of the complaint now reported, in how many cases has the paralytic feature shown itself? In 1859-60 I saw many such, which only very slowly progressed to recovery under quinine, iron, strychnia, and the electric battery. At that time I prepared a paper on the epidemic which had created so much alarm. It was published in the *Charleston Medical Journal*, and afterwards was copied in various medical magazines.

In my experience, diphtheria is *endemic* rather than epidemic. In my experience, too, the diphtheritic fever in the vast majority of cases is *sthenic;* and in that fact we have a valuable guide as to differential diagnosis,—the fever from tonsillitis, the sore throat of scarlatina anginosa, etc., being asthenic. Yet I *have* seen diphtheritic fever of a most malignant character, though the cases were rare.

During the prevalence of the disease in Petersburg, Va. (1859-60), our sheet-anchor in treatment was, in a nutshell, this: quinia, hydrocyanic acid, and nourishing diet *from the beginning*. At first we endeavored to assist this by blistering the throat and the use of acidulous astringent washes topically. It was soon discovered, however, to our discomfiture, that the diphtheritic membrane formed on the blistered surfaces, and that the blood-system was much depressed, while the acidulous washes seemed only to stimulate the growth of patches in the throat, at the same time most certainly toughening them and rendering their removal much more difficult.

Be it remarked that at that time the chlorate of potassium had not come to the front as our great ally in diphtheritic and kindred affections.

Having negatived the astringent washes as inapplicable, we next used, and with great success, the liquor sodæ chlorinatis locally to the throat,—inside. We used it in the proportion of one ounce to the pint of distilled water.

From experience, I am opposed to mopping out the throat and removing the false membranes with a probang saturated with the liquor ferri persulphatis. My own procedure, where a cast of membrane has been formed in the throat, in the nasal passages, or in the buccal regions, and where, in the fauces, for example, it interferes with respiration and deglutition, is to remove the same, very cautiously and *patiently*, with a pair of dressing-forceps.

To end this somewhat rambling paper, I would say that I have met with most gratifying results in diphtheria from the following treatment. If I am called early in the disease, I direct, for child or adult, a *gentle* mercurial cathartic, combined with a small quantity of the resin of podophyllin. After the bowels are moved, I begin at once with:

℞ Potass. chloratis, ℥i;
Olei anisi, ℥iij. M.

Sig.—Swallow slowly the third of a teaspoonful eight or ten times *per diem*.

Also this:

℞ Potass. chlorat., ℥iss;
Tinct. ferri chlorid., ℥iss;
Aquæ,
Syr. zingiberis, ℥ããi. M.

Sig.—For children under six years, a teaspoonful in water four times a day. For adults, a tablespoonful in water four times a day.

Keep this treatment up, use quinine *freely* when indicated, gargle or swab the throat with liq. sodæ chlorinat. (℥i to Oi water) four times a day, have an abundance of sunlight and cheer in the room (which should be disinfected with a strong solution of potass. permanganas in saucers), give nourishing diet,—*raw oysters* the best,—and you will save your patient.

NOTES ON THE SUCCESSFUL TREATMENT OF THREE CASES OF PITYRIASIS RUBRA AT THE SKIN CLINIC OF THE PENNSYLVANIA DISPENSARY FOR SKIN DISEASES.

BY RUFUS K. HINTON, M.D.

SOME time since, while attending one of the clinical lectures of Dr. J. V. Shoemaker to the class on skin diseases, my attention was called to three well-marked cases of pityriasis rubra. The first patient was a young man, 25 years of age. His body was covered with bran-like scales, about the arms, trunk, and limbs, imbricated in regular order like the tiles of a house. Especially in the flexures of the joints were the scales piled together in large numbers. As the patient passed around and was examined by the members of the class, the number of scales shed was prodigious. On passing my hand over the surface of his skin a large number of these bran-like scales fell to the floor, leaving behind a red surface. The lecturer explained in the course of his remarks that it was due to a hyperæmia of the derma, involving the longitudinal plexus of vessels, together with hypertrophy of the horny and mucous layer of the epidermis. In this chronic case the fibro-cellular tissue was likewise hypertrophied. This condition is no doubt due to a disturbance of the sympathetic nervous system, together with the trophic nerves of the parts, giving rise to the changes in the skin above-named. The patient has been affected with this disease since childhood, and at the present time has a pale and sallow look.

The second case is that of a young child, five years of age, the sister of the first patient. The doctor by inquiry learned that the mother and all the children, six in number, of this family were more or less affected with this condition of the skin. It shows conclusively that the disease is hereditary. I may add that Dr. Shoemaker mentioned to the class two other families, affected in a similar manner, that applied to the dispensary for treatment. The little patient's body was completely covered by the same kind of scales that I have previously referred to; and as some of the students examined the patient, the scales fell off in large quantities. She was pale and emaciated, showing the appearance of one suffering from marasmus. She complained of a burning sensation of the skin, which gave rise to great torment and inconvenience. The doctor then stated that this case of pityriasis may be confounded with several other diseases of the skin, which it closely resembles. The differences in all of them are clear and well marked. The scales of *eczema* may be mistaken for it, but in this disease the primary condition is a *vesicle*, which bursts, giving rise to a catarrhal discharge. It is the drying up of this discharge that gives rise to scales or crusts. Then in pityriasis the scales are primary, while in eczema they are secondary and the result of inflammatory products. In psoriasis the scales are finer and resemble mother of pearl, instead of presenting the yellow and flaky appearance of the scales in this case. If one of the scales in psoriasis is removed, a bleeding surface is visible, due to a laceration of the capillary blood-vessels in the papillary layer of the skin.

The third case was that of a boy, 14 years of age. He is weak and debilitated, with marked emaciation. On stripping the patient and examining him, both the anterior and posterior portion of the body presented a purplish appearance. Upon looking closely, the skin was found to be studded over with small elevations, giving to it the appearance of goose-skin. These points were located at the hair-follicles, and were caused by the plugging up of the ducts by epithelium matter. In addition, the entire surface of the body was covered with scurfy patches. A raspy feeling was produced by passing the hand over the surface of the skin. No healthy patch of skin could be observed upon any portion of the body. In examining into the history of this case, it was found that the boy's father had been affected with the same condition all his life; and the mother stated that the boy's body had been red and scurfy since birth. He has likewise been sick and unhealthy since the day of his birth. In consequence of this long-continued disease, the congestion of the blood-vessels has given this characteristic purplish appearance to the entire body. The doctor then remarked that these cases all needed the same general plan of treatment. The marked debility, the want of proper tone, in each patient's system, speaks for itself, and therefore essentially requires the

tonic treatment. The first patient was ordered a tablespoonful of cod-liver oil, together with a bitter tonic, morning and evening, an hour after each meal. The second case was treated by a teaspoonful of cod-liver oil twice daily, in addition to iron lozenges taken in large numbers during the day. The third case was treated in a like manner. The students were cautioned especially against the use of the arsenical preparations, as they had in the hands of the majority of dermatologists in this disease entirely failed, and when pushed in many cases had produced enteritis and other serious complications. In persons suffering in this disease from mental or physical fatigue, rest is especially required. Should dyspepsia be present, it should be treated by its proper remedies. These cases received a mild diuretic, to be taken as a common beverage during the day. The urine of the three patients above-named was found to be deficient in quantity. The object of giving the diuretic was to increase the amount of urine in each case, and thus relieve the skin of its work. The disease, being essentially a hyperæmia from a disturbance of the sympathetic nervous system, needs something to protect its sensitive surface. The body, being likewise deprived of its natural covering, should be protected, by some soothing application, from heat, cold, and all external agencies that stimulate this congestive skin. By the soothing application of oleaginous preparations it is thus protected. In the first and second cases, olive oil must be kept continually applied to the diseased surface. In the third case, a tablespoonful of liquor ammoniæ should be thrown in a bowl of water, and then the body sponged thoroughly, so as to soften the epithelial matter in the follicles. Immediately afterwards the body should be rubbed dry with a coarse towel, and then anointed with the weak citrine ointment,—℥ss to the ℥ of adeps. These applications in the last-named should be made once weekly. The alkaline sponge-bath softens the epithelium masses, and the weak mercurial ointment stimulates the follicles to a healthy action. The other six days in the week the patient's body should be soaked in olive oil. Many other oleaginous preparations may likewise act in soothing and protecting the sensitive skin. Cod-liver oil is especially of great service as a local application. Its main objection is its peculiar odor. If the disease becomes markedly chronic, bran baths and tarry applications will sometimes stimulate the skin to a more healthy action. Three months have now passed by since the patients were placed under treatment. Being very much interested in them, I have watched their progress during this period. The scaliness and hyperæmia became less and less marked each week; and *islands* of healthy skin made their appearance here and there over the body of each patient. As the system of each responded to the proper tonic treatment, the scaliness disappeared rapidly. The first case was discharged cured at the end of six weeks, the third case at the end of nine weeks; and I am pleased to add that in the second case, that of the little girl, the cure was complete at the end of the eleventh week.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

SERVICE OF S. W. GROSS, M.D., LECTURER ON CLINICAL SURGERY, MAY 9, 1877.

Reported by W. A. JOHNSTON, M.D.

GENTLEMEN,—I find among the out-patients this morning several cases of nævus, or marks, which are either congenital or appeared soon after birth. As they illustrate a very common affection, I shall bring them successively before you, and, after having explained their nature, proceed to perform such operations for their relief as they may demand.

VASCULAR NÆVUS.

You will notice on the forehead of this infant, who is four months old, an irregularly shaped, florid discoloration, the surface of which is slightly elevated above that of the surrounding skin, and presents a finely lobulated appearance. Under the pressure of my finger, it diminishes somewhat in size and becomes paler; but the redness and former dimensions soon recur when the compression is removed. It was first noticed by the mother as a red spot, about the size of a pin's head, in the skin, three weeks after the child's birth. Since that time it has been slowly enlarging, and is now about three-fourths of an inch in diameter. This is a simple angioma, or vascular tumor, or telangiectasis of the skin, and is familiarly known as mother's

mark. It consists essentially of capillary vessels of new formation, which are dilated and tortuous and freely anastomose with one another. The lobulated or granular appearance of the surface is due to hypertrophy of the papillæ of the skin, the vessels of which are likewise much dilated.

In the treatment of such tumors various methods may be resorted to, the object in all, except in the operation of excision, being to effect obliteration of the vessels through the excitation of adhesive inflammation. In purely cutaneous nævi, as in the case before us, the injection of irritating fluids, or the insertion of a seton, is inapplicable; so that the remedies are limited to ignipuncture, vaccination, strangulation, or excision. The introduction of heated needles has proved so inefficient in my hands that I have no confidence in it. In very small nævi, situated in unexposed portions of the body, and occurring in children who have never been vaccinated, the virus may be inserted into the tumor; but, in consequence of the pitted scars that are left by the operation, such a course is manifestly out of the question in this case. If the growth were seated transversely, I would resort to excision; but as it pursues an oblique direction, there would be some difficulty in nicely approximating the edges of the incision, and the cicatrice would be very apparent. Having excluded these procedures, I shall resort to the most applicable of all, namely, strangulation of the mass, whereby its blood-supply is effectually cut off. With this object in view, I transfix the base of the tumor with two pins at right angles, their points of entrance and emergence being at least one line distant from the growth. I then knot a strong thread under the pins, but before I tighten it I make grooves for the thread by carrying superficial incisions between the openings made by the pins, through which little expedient the child will be saved some pain. The operation is finished by knotting the ligature firmly, cutting off its ends, and retrenching the points of the pins with the pliers. In the course of four or five days the strangulated mass will fall off, when the resulting ulcerated surface will quickly heal by the granulating process.

PIGMENTED NÆVUS.

On the right cheek of this little girl, who is three years and a half old, there is a congenital, purplish-black, elevated growth, of the shape and dimensions of a French olive, although it does not extend more than one line above the level of the adjacent integuments. Its surface is covered with enlarged papillæ, and beset with a few coarse, stiff, dark hairs.

This mark is a pigmented nævus, or a mole, due to the excessive deposit of pigment in the deeper layers, or rete mucosum, of the epidermis, with hyperplasia of the fibrous element of the dermis and its papillæ; in point of fact, it is a pigmented soft fibroma.

Moles rarely constitute more than a blemish; but now and then they ulcerate, or even take on malignant action, the most common of which are epithelioma and melanotic sarcoma. In the event of their beginning to pain, or increase in size, they should be extirpated. As the present one is growing, I will include it in an elliptical incision, and unite the edges with the twisted suture.

PIGMENTED HAIRY NÆVUS.

In the third case, that of an infant, seven months old, you will observe a dark-brown mark, covered with soft, light-brown hairs, which involves the entire right upper eyelid and the forehead nearly as high up as the hairy scalp, and as far inwards as the middle line. The eyebrow is very heavy. The mother states that it existed at birth, but that it has materially increased in size; and she is very anxious to have it removed, as it is a source of great disfigurement.

This affection, known as nævus pilus, is very similar to that of the foregoing case; but there are some points of difference. Instead of being circumscribed, it is diffused; it is not elevated above the surrounding parts, although the papillæ are somewhat enlarged; and it is entirely covered with hairs. In addition to slight hyperplasia of the dermis, there is also true hyperplasia of the hair-follicles; and it is this latter feature which forms the characteristic element of the mark.

It has been proposed to destroy the mark by caustic potassa; but this I regard as barbarous. Evulsion of the hairs and the use of depilatories are of little, if any, value, and the only treatment upon which reliance can be placed is excision. If the mass were removed entirely, the resulting cicatrice would be unsightly, and there would be danger of eversion of the lid; so that I shall perform an operation which

I saw practised in this amphitheatre ten years ago by Professor Gross in a similar case, and which, so far as I know, is original with him. I first circumscribe the mass by an incision which does not extend entirely through the skin; and then, with sharp razors and knives, I slice away the diseased tissues, being careful not to go beyond the dermis or into the subcutaneous connective tissue. In this way I not only remove the pigmented rete mucosum, but also get rid of the majority of the hair-follicles. Of course those that dip down into the connective tissue will escape, so that there will be some reproduction of the hair. As the integument of the eyelid is too thin to be pared away, I refrain from touching it. The bleeding is somewhat free, showing that there is a large vascular element resident in the blemish; but this is readily controlled by a piece of lint wrung out of a diluted solution of subsulphate of iron and firmly pressed upon the part. This will be the only dressing required; and when it comes off, we may expect to find a nicely-granulating surface. In the case of Professor Gross, to which I have alluded, the cure was most satisfactory, and the cicatrice was trifling.

MUCOUS POLYPS OF THE NOSE.

C. McN., æt. 40 years. Three years ago this man's nostrils began to be obstructed, and the trouble has been increasing up to the present time. His breathing is more difficult in damp than in dry weather, and this is so marked that he says he can tell when a storm is approaching. He sleeps with his mouth open, and, consequently, snores. He complains of pain in the frontal sinuses, which is increased when the breathing is most interfered with. On examining the nostrils I find them partially filled with oyster-like masses, which are gelatinoid, mucous, or soft polyps. They are made up of loose fibrous tissue, the interspaces of which contain a large amount of sero-albuminous fluid. From this peculiarity of structure, in wet weather they absorb moisture from the atmosphere, and become larger, offering more resistance to the passage of air through the nares. In some cases they are œdematous fibromata; while in others they are myxomata, and in others again they are adenoid or glandular growths or adenoid sarcomata. As a rule there is one large polyp, and a number of smaller ones which are not easily detected. When they have existed for a long time they are apt to give rise to other difficulty than obstruction to respiration. Here there is a constant pain in the frontal sinuses. They may become so large as to expand the bones of the nose, producing the deformity known as frog-face, or they may even penetrate the antrum.

Much reliance was formerly placed in the use of astringent substances for the cure of polyps. Finely-powdered bloodroot, alum, tannin, and the tincture of the chloride of iron were chiefly relied upon, and successively abandoned. Dr. G. Troup Maxwell, of New Castle, Delaware, has lately recalled attention to the local use of the tincture of the chloride of iron. In his hands the remedy has proved very successful, the tumors shrivelling in a short time, and eventually dropping off. A quicker way of getting rid of them is to remove them at once by means of a wire loop or the polyp-forceps; although I think that it would be a good plan to apply some of these astringent substances after evulsion has been practised, with the view of checking the growth of the small masses which escape the grasp of the forceps. Deviation of the septum may be mistaken for a polyp. In it, however, the surface is generally more florid than the rest of the mucous membrane, and on examination a concavity will be found in the opposite nostril corresponding in position with the projection, which is always near the nasal orifice. Mucous polyps, on the contrary, are never florid, and they grow from the turbinated bones, particularly the superior, and even from the ethmoid at the base of the skull.

The head being firmly held by an assistant, the breathing was greatly relieved by twisting off a number of medium-sized growths.

IRRITABILITY OF THE BLADDER, THE RESULT OF CONTRACTED MEATUS AND PHIMOSIS.

F. D., æt. 11. This boy, when he was here on the last clinic day, complained of frequency of making water. I introduced a sound and felt something like a stone in the bladder, but could elicit no distinct click. For upwards of six years he has been troubled with irritability of the bladder, and he wets his bed at night. When he passes water it comes in an uninterrupted stream, and he has never noticed that it suddenly stops before the bladder

is emptied. If he has a stone he ought to have this symptom, as it is produced by the foreign body coming in contact with the internal orifice of the urethra. He never passes blood, and in this respect another prominent sign is missing. A few drops of blood are apt to be expelled at the end of the act of micturition, as some of the vessels of the inflamed mucous membrane of the neck of the bladder are apt to be lacerated when the stone is grasped by the contracted organ. He never pulls at the end of the penis, nor does he feel reflected pain there, which are common symptoms of stone. Thus several prominent symptoms of stone are absent. Frequent micturition is common to many affections, and is frequently met with in congenital defects of the external genital organs, such as elongation and contraction of the prepuce and narrowing of the meatus.

As it is possible that he may have a stone, we will examine him again. The sound used in children should terminate in a short beak, and not in a long curve, so that it may move readily in the bladder. The prepuce is redundant, but not contracted. The urinary meatus is higher up than usual, and contracted so as to admit only a very small instrument. The urethra is irritable, as is shown by the pain awakened by the passage of the instrument, but I detect no stone. The other day the sound came in contact with phosphatic deposit on the columniform bladder, for hypertrophy of the muscular fibres, in the form of rounded, projecting bundles resembling the fleshy columns of the ventricles of the heart, exists here, on account of the extra work which they have had to perform.

To show you how much the meatus is contracted, I insert a delicate grooved director, which falls into a pouch behind and below the meatus. I will now lay this open with a curved tenotome, so as to afford free vent for the urine. The dressing will be very simple. The object being to prevent the edges of the wound from uniting, I interpose a small tent, and retain it by a narrow strip of plaster, taking care to leave a sufficiently large opening for the passage of urine.

Ten Days after Operation.—The father neglected to bring the boy for after-treatment, and, in consequence, the wound has united, and the irritability is as severe as ever. The operation was repeated, and after two days the use of a steel bougie was begun, to guard against reunion. In ten days more the boy returned, with no improvement as regards the vesical irritability. The prepuce was found to be redundant and eczematous, and the operation of circumcision was performed. Using the corona of the glans, as seen through the foreskin, as a guide, the redundant tissue was grasped between the blades of a pair of polyp-forceps, and drawn forward, when it was shaved off with a bistoury. The mucous membrane remaining intact, it was split up along the upper surface of the gland, leaving the head of the penis entirely free. The mucous membrane was then attached to the skin by five points of interrupted suture.

After this operation the irritability entirely ceased.

TRANSLATIONS.

Relations of Pregnancy to Surgical Affections (*Centralbl. f. Chirurg.*, 1877, No. 26; from *Bull. de la Soc. de Chirurgie*).—Verneuil, after alluding to the vast contributions made to surgical science within the last few years, remarks upon the necessity of having certain doubtful points cleared up, among others that concerning the reciprocal influence of pregnancy and surgical affections. To the solution of the question Verneuil contributes full notes of nine observations, which cannot be quoted for want of space. The conclusions which he draws are formulated as follows. Pregnancy and surgical affections (traumatic or of other kinds) may occur at the same time without in any way influencing each other. On the other hand, surgical affections may give rise to death of the fœtus, or miscarriage. Pregnancy, moreover, although in itself pursuing a normal course, may give rise to surgical affections (as for instance the occurrence of phlegmonous dacrocystitis), modify the course of others unfavorably, and give a peculiar unhealthy look to wounds of all kinds. In addition, concludes Verneuil, the unfavorable course of local affections during pregnancy may react upon the latter in the same manner. This unfavorable condition of local affections is so apt to change for the better after delivery that Verneuil thinks the question may sometimes arise whether the

production of premature labor might not be desirable. x.

Etiology of Fibroid Tumor of the Uterus.—F. Engelmann (*Centralbl. f. Chirurgie*, No. 27, 1877; from *Zeitschr. f. Geburtsh. und Gynäkologie*, Bd. i. Hft. i. p. 130) notes three hundred and sixty-two cases of uterine fibroid, of which sixty-five have come under his own notice, and the remainder under that of his father, and compares them with the observations of other writers Married women, according to E.'s statistics, are more frequently the subjects of this affection than the unmarried, 5.1 to 1. (According to Winckel the proportion is 9 to 7.3.) Both observers find the affection most frequent between the ages of forty and fifty. In nearly one-half the cases the earliest symptoms appeared between the thirtieth and fortieth years. Among the married women 26 per cent. were sterile. Among the married women who had borne one or more times before the appearance of the symptoms, eleven never conceived afterwards, seven underwent one or more abortions, and twelve bore living children.

By taking advantage of especial opportunities, E. found among his sixty-five cases, in thirty-two no positive data; in the remaining thirty-three he thought himself justified in twenty-six cases in attaching importance to the assertions of the patients relative to the origin of the disease. Together with abortion, inflammation of the abdominal region (six), and difficult labor (three), typhus strain, fall, catching cold, dancing, climbing, agitation of the mind, and "diseases" were believed to be causes of the fibroid development. E. found the baths of Kreutznach effectual in removing the growth in a number of instances. x.

Formulæ for the Treatment of Scrofulous Ozæna.—M. Ory (*La France Méd.*, 1877, p. 387) gives the following formulæ. He remarks that scrofulous ozæna is an affection peculiarly painful and annoying, both to the patient and those who surround him. In order to combat the odor, Trousseau was accustomed to employ one of the following powders:

1. ℞ Bismuth. subnit.,
   Talc. venetian., āā ʒiv.—M.
2. ℞ Potassii chlorat., gr. xxx;
   Sacch. alb. pulv., ʒiv.—M.
3. ℞ Hydrarg. præcip. alb., gr. iv;
   Sacch. alb. pulv., ʒiv.—M.

He recommends that the nasal fossæ should first be thoroughly cleansed, and all crusts, etc., removed. Debout prescribes:

℞ Bismuth. subnit., ℈iv;
Potassii chlorat., gr. xvj.—M.

He also recommends the use of sulphur waters together with cod-liver oil and arsenic internally. Percy recommends injections for the nose:

℞ Tinct. iodinii, ♏xlv;
Acid. carbolic., ♏vi;
Glycerinæ, fʒi;
Aq. destillat., fʒv.—M.

The proportion of carbolic acid may be increased. Gailleton urges the use of solutions of common salt—one pint of salt to one hundred pints of water—by way of injection.

These injections should be abundant, and should be made with the aid of the nasal douche, the nasal passages being thoroughly cleansed by passing several quarts of water through them three or four times a day.

Lailler, besides the use of general treatment, is in the habit of employing injections with the following solution:

℞ Chloral hydrat., ʒiss;
Aquæ, fʒii.—M.

The repulsive odor of ozæna is likewise happily neutralized by dilute solutions of hypochlorite of sodium. The following formula containing pix may also be employed:

℞ Sodii carb. cryst. pulv., gr. xvi;
Picis liq., gtt. xvi;
Aquæ, fʒiij.—M.

Davy recommends the following astringent injection:

℞ Tannin, gr. iss;
Glycerinæ, gtt. xxx;
Aq. destillat.,
Aq. rosæ, āā fʒss.—M. x.

Cure of Ileus by Insufflation.—Roger (*Centralbl. f. Chir.*, 1877, No. 24; from *Gaz. des Hôp.*) had a patient who, otherwise healthy, was attacked by loss of appetite, vomiting, and colicky pains. No stool, even after drastic purgatives. On the left side of the abdomen, between the lower floating rib and the crest of the ilium, a hard, knobby, painful tumor could be felt. R. inserted a large tube into the intestine per anum and blew in air by means of a bellows. (Drastics were simultaneously used.) Two attempts, at some interval, finally resulted in reducing the dislocation, and the patient recovered. x.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 15, 1877.

EDITORIAL.

SCHOOL HYGIENE.

IT is probable that much of the future success of the science of medicine will consist in preventing the diseases of communities rather than in curing those of individuals. Much has been done in this direction in late years; social science has its earnest and enthusiastic votaries, and is progressing with rapid strides; its field of work is steadily enlarging as new problems are presented for solution, new lines of inquiry opened, and new interests created. By accurate observation and careful experiment the waves of disease which sometimes sweep over whole continents are being slowly but surely restrained; and we are justified in hoping that at some not very remote period we will be able to place substantial, if not impassable, barriers in their course.

As our professional horizon broadens, and as we look at the discoveries of the last few years, and at those which every day is now bringing forth, it would indeed seem, as has been well said, that "the immortal Descartes was not dreaming but prophesying when he said that if ever it became possible to perfect mankind the means of doing so would be found in the medical sciences."

While, however, we thus rejoice at our ever widening and increasing opportunities for usefulness, we should be careful not to overlook those causes of disease which, by their very nearness and homeliness, are too apt to be disregarded.

At this time of year the schools and colleges are reopened, and thousands of those whose future health and prosperity are dear to all of us begin a daily routine which will continue for months, and in many instances under most unfavorable conditions.

There is perhaps no subject which comes more properly within the province of the physician than the hygiene of the school and school-room, and there is perhaps none about which he is so seldom consulted. Windows arranged so as to produce myopia with the greatest possible certainty; desks and stools so proportioned as to hinder respiration and favor spinal curvatures; rapid changes of temperature with no corresponding change of clothing, as at recess, giving rise to bronchitis and pneumonias,—these are some of the little things which are too often forgotten from their apparent insignificance, but which in the aggregate add largely to the sum of human misery and suffering. If school boards were composed of physicians rather than politicians, many helpless little ones who are now predestined to lives of pain and feebleness would enjoy the health which is their just inheritance, and would strengthen instead of burdening the community.

CORRESPONDENCE.

LONDON LETTER.

THE subject-matter of the present communication will be drawn from the annual meeting of the British Medical Association, which was this year held in Manchester. There was, as can readily be conjectured, a large muster; for the well-known hospitality of the inhabitants of "Cottonopolis," combined with their enterprise, proved very attractive, in spite of the evil reputation of the place for rain. Certainly Manchester is a rainy place, if last week's experience was at all a fair one. On Tuesday it seemed determined to let the incoming stranger see what it could do in that line when on its mettle; next day it varied the performance by thundershowers, with lightning, and then settled down to a sulky threatening attitude, which made every one distrustful, and umbrellas were their inseparable companions. Fortunately, Owen's College was large enough to hold all the sections and furnish space for committee-meetings, the annual museum, and exhibitions of various kinds, so that the showery weather, to put it politely, did not cause so much

discomfort as it would have done had the various sections been in different buildings.

Those who arrived on the Monday went, as is the pious and dutiful practice of this Association, to church, and heard a sermon from the earnest and liberal-minded bishop. This prelate is a tall, handsome, straight-limbed man, whose physique is in harmony with his mind. His sermon gave great satisfaction to his audience. Then followed a general meeting, when Dr. Bartolomé, of Sheffield, vacated the presidential chair in favor of Dr. Eason Wilkinson, the senior physician of the Manchester Royal Infirmary. In his address on taking the chair, the incoming president alluded feelingly to the loss the Association had sustained during the past year by the death of leading members,—Sir William Fergusson, Dr. Gibson, Mr. Southam of Manchester, an excellent surgeon, and Mr. Whipple, who was president of the Association when it met at Plymouth in 1871. Instead of going into an account of the city, its development, the nature of its multifarious industries, and the ordinary staple material of presidential addresses, Dr. Wilkinson criticised the Royal Infirmary. And this he did, too, in no laudatory spirit, but frankly and candidly pointed out its defects and its shortcomings. Founded in 1752, it has gradually grown by additions from time to time to its present magnitude. Originally a plain brick building, it has been embellished by a Grecian front, which gives it an imposing aspect; only it is now surrounded by long shingle huts, which give more space, but æsthetically are great eye-sores. He condemned the drainage, etc., in strong language; and a personal inspection of the place tells that the comments were none too stringent for the facts. From the drainage, upwards to the horrible forecastle-looking dens in which the nurses sleep, the place calls for condemnation in the strongest possible language. If good results are achieved in this hospital, it is by the skill and energy of its medical and surgical staff, and not by the arrangements of the building. The condition of the hospital and the question of its removal to a new site and a modern building have recently created a warm discussion, and no observant person can but regret that the decision arrived at was to retain the old building on its present site.

In the evening a conversazione was held in Owen's College, and largely attended. On Wednesday morning the business of the meeting commenced in good earnest, and a bustling crowd gathered round about and in the handsome Owen's College. The address on Medicine was given by Dr. Wm. Roberts, F.R.S., the first physician in the provinces. A crowded audience was greatly gratified by the address, which was one of unusual ability. He took up the subject of the development of lowly organisms especially with reference to their relation to contagium. Some original experiments had been performed by him,—one set consisting of organic liquids which had been filtered under pressure through unglazed earthenware into sterilized flasks. The conclusions Dr. Roberts arrived at were as follows: "Organic matter has no inherent power of generating bacteria, and no inherent power of passing into decomposition;" "bacteria are the actual agents of decomposition;" and a third conclusion is, "the organisms which appear as if spontaneously in decomposing fluids owe their origin exclusively to parent germs derived from the surrounding media." He then pursued the subject into its practical aspects and its relation to the production of disease; but it is impossible to give any decent abstract of this portion of the address.

The address on Surgery was delivered by Mr. Spencer Wells, who referred with justifiable pride to the share he had had in establishing ovariotomy as a successful operation. His first case was performed in 1858, and in three years he had only had ten cases. Now, however, he has performed this operation in no less than 870 women. He generously admitted the success of Thomas Keith, of Edinburgh, who out of a total of 241 cases has saved no less than 206,—"a success hitherto unequalled in the history of any capital operation." Mr. Wells alluded to many interesting subjects as well as ovariotomy. Sir Wm. Jenner was president of the Medicine Section, and took for his address the subject of the objects and uses of the Association. He spoke of the "real common brotherhood" achieved by the Association, and of the good effects of social association; also of the intellectual improvement such meetings afforded. And when it is borne in mind that this Association numbers over seven thousand members, it can readily be conceived what a powerful body it is becoming. Men from different parts of the kingdom get to know each other personally, the bond of cohesion is strengthened by having a personal element introduced, and what value that element has all political organizers know. The medical profession has been long without a voice, and it is only now finding one in the Association's journal. Of these seven thousand associates no less than fifteen hundred were present at this meeting, which is one of the largest yet held, so that what Sir Wm. Jenner said was apt and pertinent. The address, however, which attracted the most attention was that by Dr. J. C. Bucknill, president of the Section of Psychology. He chose for his subject "Confession: the Physician and the Priest," in which he criticised the practice of a number of the Church-of-England clergy who wish to re-establish auricular confession. These mimic priests, he declared, were not entitled to regard themselves as physicians. "Is the priest a physician? Is sin disease? Is sacramental confession the avowal of symptoms, penance treatment, and absolution cure? In

the interests of society and our profession, I most emphatically deny not only the identity of these things, but that there is any real analogy between them. I assert that the physician is a naturalist, the priest a supernaturalist; that no sophistry can bridge the abyss between them." He said that "The Priest in Absolution," the new handbook of the revived confessional, was unlike any medical writings except those of "the manly-vigor quacks."

In consequence of the prominence recently given to this book, and the fact that no less than seven hundred clergymen of the Church of England have formed a society for the re-introduction of confession, the greatest attention was paid to Dr. Bucknill's remarks, and they formed the subject of much animated conversation among the associates afterwards. The Church has long adopted a distinctly hostile attitude to the profession; but now the profession is giving much of its attention to the Church in return, and especially in relation to psychology. In the sections themselves many excellent papers were read, and in the Medicine Section discussions were got up specially on thoracic aneurism and pleuritic effusion, but without eliciting anything new or adding to the stock of knowledge on these subjects. In fact, it may very much be questioned whether these displays of knowledge on given subjects are as really acceptable to the bulk of the members as the plan of reading papers promiscuously and leaving men to come in and discuss them or not, as they feel inclined. A great many papers were taken as read, or portions only read, from lack of time.

On Friday morning the work commenced with an address on "Obstetric Medicine," by Robert Barnes. He first pointed out the changes wrought in the system by pregnancy, and showed how, in reality, pregnancy performed for us a number of most interesting experiments. Many of the complications of pregnancy which are usually regarded as maladies were really physiological actions, giving relief to the overcharged system. Not only were there such actions of a cataclysmic character, but more lasting actions were induced. Diabetes is present with many women during the period of gestation, disappearing when parturition is accomplished. This is a very interesting and suggestive fact. He summed up as follows: "As pregnancy is the test of soundness in the individual, it may be of all her blood-relations too, so is pregnancy often a crucial test of the soundness of pathological doctrines." He then criticised very candidly the position of the College of Surgeons in England, who do not require midwifery for their pass examinations. Yet their license to practise enables its holder to attend as much as he likes to obstetrics. As I pointed out in my last letter, a man once on the register, he can practise any department he pleases. He thought the diseases and wants of women quite as worthy of study as the maladies of men; that it was most unjust to woman to leave her special requirements to be studied or not as the student pleased. He said, "We repudiate utterly the proposition that there is one standard which it is necessary to attain to qualify for the treatment of the diseases of men, and another, a lower standard, to qualify for the treatment of the diseases of women. The new doctrine that there is a special, an inferior kind of medical knowledge that is good enough to apply to the care of women, is the most transcendent of all medical heresies, the most flagrant wrong, the grossest insult, ever inflicted upon women."

The opening address of the Surgical Section was delivered by Mr. Edward Lund, of Manchester, who took up the subject of "The After-History of Surgical Cases." He said we were "too apt to forget the old adage that 'the operation is but the beginning of the treatment.' Our patient leaves the hospital with a healed stump or a closed cicatrix, but who will tell us what shall be the fashion and utility of the former six or twelve months hence, or whether the tumor removed to-day is but the advance-guard of an enemy of far more deadly import?" He then related the after-history of some major operations performed by him, the results being highly gratifying.

The Obstetric Section was presided over by Dr. Priestley, of London, who selected as the subject of his address "The History of Obstetric Medicine in Manchester." For a century now Manchester has held a prominent position in obstetrics. Dr. White wrote well on phlegmasia dolens in 1754, and Dr. Hull followed him in 1800 with a work on the same subject. The name of Dr. Radford will never be dissevered from Cæsarean section, while Mr. Kinder Wood's name is equally strongly linked with the detachment of the placenta in unavoidable uterine hemorrhage. Dr. Roberton made a great study of the commencement of menstruation under varying circumstances, as well as of the use of midwifery instruments. Ovariotomy owes no little to Dr. Charles Clay; while Dr. Lloyd Roberts cleared up the subject of infantile leucorrhœa, which before his time had been thought due exclusively to carnal intercourse. Such are some of the more important contributions to obstetric medicine connected with Manchester.

An address was delivered on "State Medicine," by Dr. Arthur Ransome, on Tuesday evening, which was listened to with great attention. He pointed out several important matters to be attended to by the State before our sanitary arrangements can be regarded as at all perfect.

The Report of the Scientific Grants Committee was read, and £300 granted for

further research. The work done by Professor Rutherford on the action of drugs upon the biliary secretion; of Drs. Braidwood and Vaches on the life-history of contagium, illustrated by beautiful colored drawings; and the experiments of Dr. Milner Fothergill as to the antagonism of certain drugs,—all of which have appeared in the Association's journal during the last year,—tell of good work which the Association is doing in furthering scientific research in Great Britain. The flourishing condition of the finances of the Association permits of its doing much in this and other directions. Only a few years ago the Association struggled on under a load of debt, and every year the derision of its enemies was excited by its annual deficit; but that is all over now, and the balance-sheet of this year shows already in hand a sum of about £3500, of which £1500 are invested to form the nucleus of a growing capital which will make the British Medical Association a most powerful body and one of the greatest weight for all hygienic and sanitary legislation. On the Friday the remaining work of the sections was cleared off by a massacre of the innocents, and the downfall of the hopes of many a man who had worked hard at his paper for some time before in the illusive hope of having it read and discussed by a full company of medical men from all parts. But really there was no help for it; and if more papers are sent in than can possibly be got through in the time, some must be left unread, or the time must be extended,—which does not seem likely. While this unsatisfactory operation was being performed in the sections, the final general meeting was being held, and votes of thanks being proposed and carried, the hospitality of the people of Manchester being fully recognized and appreciated.

One feature of this meeting is the public breakfast given to the Association by the Temperance party, headed by Mr. Samuel Bowley. This is always a pleasant entertainment, and well attended. After a most substantial meal, Mr. Bowley begs the medical men present to give their views on the temperance question, the value of alcohol in the treatment of disease, etc. If the speeches made are not of the highest order of eloquence, and represent the rather crude views of the speakers, still it keeps the question alive, and especially amidst the profession. After breakfast was over, the writer went with some of the leaders of the party to see the working of a temperance public-house. It was a very successful imitation of an ordinary tavern, and the different colored syrups simulated closely the various alcoholic liquors which figure so conspicuously in public houses in this country. A cup of very fair coffee was furnished for a penny, a glass of respectable soda-water for a halfpenny. The food offered was on the same reasonable scale; and on the whole the place deserves commendation as a step in the right direction. It is not a charitable affair, but is meant to pay, whatever else it may not do.

Demonstrations of various kinds were made by different professors in several parts of Owen's College. Boyd Dawkins illustrated the condition of prehistoric man. Osborne Reynolds did some beautiful experiments to illustrate the formation of vortex-rings. Professor Charcot, of Paris, exhibited a series of sections of the cord in various diseases. Professor Ludwig, of Leipsic, was surrounded by a ring of leading physiologists, many of them old pupils, and looked indeed, what he is felt to be, the king of modern physiologists. But the honors of the meeting fell to an American, Dr. Lewis Sayre, of New York, who gave a demonstration of his method of treating spinal curvature by a cuirass of muslin bandage strengthened with plaster of Paris. So interested were the Association that he was requested to repeat it on another series of cases on the Friday, and the room was crammed to overflowing. Not being a surgeon, the writer can express no opinion about the value of this plan; but it was very highly applauded by competent surgeons. He was invited to give a demonstration at Liverpool on the Saturday, which, according to the *British Medical Journal*, was a complete success.

And then came the really festive part of the meeting, when no pretence of work was thought of, even, and all gave themselves up to pleasure as if to make the most of it. A long stream of conveyances set in towards Manley Hall, the mansion and grounds of Samuel Mendell, a name well known in Manchester, recently acquired by the corporation. Here were to be found hundreds of doctors, and even still more ladies, all enjoying themselves, strolling through the grounds, along the shady walks, through the conservatories, in and out of the ferneries, and then making for a large tent where there were to be found ices, claret-cup, and other things acceptable to the inner man. Every one seemed to be making the most of the opportunity. The natives were staring at the unwonted presence of so many medical men, while the strangers were observing the physique and ways of the inhabitants of the cotton districts. The ladies of Manchester are a healthy-looking body of women, well grown, clean, with plenty of evidence of their familiarity with soap and water, rendered necessary by their smut-laden atmosphere. That deterioration of physique which is so pronounced in some parts of the manufacturing districts is not manifested in what may be called the better classes of the folks of Manchester,—*i.e.*, those in the higher social strata; though it is observable in the working classes. But Manchester need not be ashamed of her population, all things considered. For Manchester believes in Manchester up to the hilt, and not without good reasons for doing so. A heavy, leaden

sky lowered over the brilliant assemblage, but the rain considerately refrained from coming down and spoiling the ladies' dresses as well as the sense of enjoyment of all. A right pleasant garden-party it was, and will be remembered as such by all present. Soon, however, there were signs of leave-taking among the associates, as the many Saturday excursions took them in various directions, and, amidst multitudinous hand-shakings, wishes were expressed for next year's meeting,—where, nobody knows yet.

On Saturday morning the different excursions set out, the weather being delightful, just as if it wished to correct, to some extent, the evil impressions of the preceding days. One party set off for the Woodbay Water-Works, the largest artificial water-works in the world; another to the salt-mines of Northwich; a third into Derbyshire; and a fourth to Lancaster. The two seaside resorts, Southport and Blackpool, strove in emulous rivalry to outdo each other in hospitality. Each provided a special train for its guests, and a sumptuous luncheon; while Blackpool further furnished a capital steamer, which headed out for Blackcombe, the western spur of the Cumberland hills. Far away on the edge of the horizon could be seen a tiny speck, the top of the Manx hills. The Lancashire coast is flat, treeless, and comparatively uninteresting, except for the villages and towns dotted so freely along the shore. But it is mild, genial, and well adapted for visitors who dislike the keen winds of the east coast. It is readily reached by rail,—rather too much so on the Saturdays and Sundays, when the places are simply overrun by legions of excursionists. After the sail, carriages were provided for a drive all round the town of Blackpool, some Japanese balancing and clairvoyance were provided in the music-hall of the place, and then the company was driven to the house of the Mayor, Dr. Cocker, who dined the whole, consisting of some two hundred guests, in his private house. The dinner was superb, and put the climax to Lancashire hospitality. Then followed some toasts, concluding with "the Lancashire witches," for in the North of England all festive occasions terminate with the toast of "the bonnie lasses," which is responded for by some bachelor. Then cigars were served out, and, after a stroll and a smoke, the company turned in to the great saloon on the pier, where luncheon had been held in the morning, to hear some excellent music. At ten P.M. all had gathered again to the train, which soon whirled them back to Manchester. And so terminated the forty-fifth meeting of the British Medical Association, held for the third time in Manchester. Sunday was a quiet day; and on Monday as I drove to the station past Owen's College there was nothing but stillness where so recently all had been bustle. There was one difference, though: the sun shone brightly.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MAY 24, 1877.

THE PRESIDENT, DR. H. LENOX HODGE, in the chair.

Caries of the sacrum and great trochanter of the femur. Verbal communication by Dr. H. LENOX HODGE.

I HAVE lately made a post-mortem examination in an interesting case, but was unable to obtain the specimens for presentation to the Society.

A young man died May 18, at 21 years of age. When four years old, he had coxalgia (left side), and had been lame ever since. When 14 years of age, an abscess formed at the hip, and after a time healed. In 1875 and again in 1876 other abscesses formed. The last opened near the anus. When examined in September, 1876, the left limb was found flexed on the body nearly at 45°, and adducted. There was shortening to the extent of four inches. A large abscess was then pointing between the great trochanter of the femur and the sacrum. This abscess extended to the great trochanter of the femur, to the edge of the acetabulum, and to the sacrum. The trochanter was found to be carious, and was removed with parts of the edge of the acetabulum, and at several times pieces of bone were removed, as they loosened, from the sacrum and what remained of the head and neck of the femur. The patient apparently improved, and was able to be out of bed, but in the spring, about March, chronic diarrhœa began, and he died in May. The post-mortem examination showed that the disease of the sacrum extended still further, and the abscess passed through the sciatic notch to the sub-peritoneal tissue, but did not communicate with the peritoneal cavity or with the bowel. There was chronic peritonitis in the region of the pelvis, ascites, and tuberculous deposits in the mesentery and in both lungs.

Two cases of catarrhal inflammation of the bladder resulting in the plugging of one ureter and the formation of cheesy masses in the kidney; death from acute tuberculosis. By Dr. MORRIS LONGSTRETH.

See *Amer. Jour. Med. Sci.*, July, 1877.

THURSDAY EVENING, JUNE 14, 1877.

THE VICE-PRESIDENT, DR. J. EWING MEARS, in the chair.

Fibrous tumor of the left upper jaw which had undergone partial calcareous degeneration. By Dr. J. EWING MEARS.

THE specimens were removed from a patient æt. 23 years, from the interior of the State, kindly brought to me by Dr. Miller, of Altoona.

The growth first made its appearance thirteen years since, in the region of the first molar tooth, which was carious and caused much pain. The offending tooth was extracted without causing cessation in the growth of the tumor. A year after, the second bicuspid tooth became loose, and was removed. Since this time the growth has steadily and slowly increased, until it has reached the size of a large orange. It has been free from pain, and has shown no tendency to undergo ulceration. Two years ago he wounded it with a coal-pick, when he was working in the coal-mines. Serious hemorrhage did not follow.

On examination, a large firm mass was seen occupying the entire external surface of the left superior maxilla, extending back to the tuberosity. The surface was smooth, and so hard as to give the impression that the growth was osseous in character. Posteriorly a point was found where the surface was elastic. The tumor had extended upwards so as to partially close the left eye by forcing the lower lid over the globe. The nose was deflected to the right of the median line, and the left nostril was dilated. The corner of the mouth on the left side drooped.

Inspection of the oral cavity showed the left buccal space filled with the growth. The alveolar process was surrounded by the tumor, very much thickened, and having imbedded in it the remaining teeth. The left half of the hard palate was covered by a dense layer of tissue, forming part of the tumor. The posterior nares and pharynx were free, as well as the entire left nostril.

After the examination the opinion was expressed that the tumor was fibrous in character, and that calcareous degeneration had taken place. Its removal was advised, and consented to by the patient. In order to divide the facial artery and nerve where the branches were small, the incision recommended by the late Sir Wm. Fergusson was employed. By this plan the tumor was fully exposed and separated from its attachment to the bone by the chisel. At a subsequent operation the alveolar process with the portion of the growth overlying the hard palate was removed, leaving but a small part of the bone remaining. Considerable suppuration followed, and continued for some time. The patient returned home before it had ceased. On examining the mass of the tumor which was attached to the external surface of the jaw, it was found to be covered by a very thin, delicate lamina of bone, which gave to it the hardness felt before removal. This layer could be easily stripped off, exposing the dense fibrous tissue beneath. The central portion contained a large mass of calcareous matter, and throughout the whole tumor were found calcareous particles. It was evident that the growth had taken its origin from the inner surface of the periosteum, beginning in that part of this membrane which covered the alveolar process, the exciting cause being in all probability the irritation provoked by the carious tooth.

Report of the Committee on Morbid Growths.

"The new formation presented by Dr. Mears, and referred to Committee on Morbid Growths, by a microscopical examination is seen to consist of spindle-shaped cells, with a scany fibrillar connective-tissue intercellular substance; here and there throughout the growth are seen points of calcareous granular matter. The formation may be considered as a peripheral osteo-sarcoma undergoing calcareous infiltration.

"June 28, 1877."

Tubercular (?) degeneration of the kidneys.

By Dr. A. F. Muller, for Dr. Wm. Darrach. Notes by Dr. R. W. Deaver.

P. H., æt. 52, Ireland, laborer, was admitted to the Germantown Hospital, May, 1877. He was very much emaciated, and immediately impressed one with the idea that he was suffering with phthisis; he stated that in less than a year his weight had fallen from one hundred and eighty to one hundred and ten pounds. He has not been perfectly well and free from pain for twenty years, though able to work until less than a year ago. He complained of pain in the lower part of the abdomen, and at the head of the penis there was some pouting of the meatus. This pain caused him to micturate frequently,—as often as every hour during the night, and oftener in daytime. He has some diarrhœa and considerable tenesmus. He never has passed any calculi, nor has there ever been any stoppage of his water. Examination of his lungs gave no sign of disease. Heart normal, except a slight hæmic murmur. He has passed per urethram pure blood, but mostly a heavy, grumous urine, resembling in color chocolate with cream, with a whitish deposit on standing. When he came into the house this was quite acid, but soon became alkaline. There was not more albumen than could be accounted for by the presence of blood. We never succeeded in getting sufficient quantity to take the specific gravity, though this might easily have been done. He was put on diet of milk and beef-tea, brandy, f℥ss t. d., with pot. acet. and tr. gentian, and one-gr. opium suppositories at night.

The feebleness continued, and there was no amelioration of symptoms. His tongue was dry and coated, his pulse increased in frequency, and tr. opii camph., tr. bellad., ext. buchu fld. every three hours were ordered. Whilst using these his urine became clearer, and, though two days before his death, there was neither blood nor sediment: there was merely a trace of albumen. His general condition gradually became lower until May 30, when he died.

Post-mortem examination, May 31, 1877.—Appearance of body much emaciated. There was an absence of fat in and about all the organs and tissues.

Lungs, crepitant throughout; no cavities or appearance of tubercular deposit.

Heart, valves and muscular tissue in normal condition.

Kidneys—left, one-half normal size, enveloped in very little fat. A cyst made up one-half the organ; when laid open, an ounce of pus poured out.

The mass of the medullary portion of the organ appeared to be in a state of cheesy degeneration, as you meet in lung-tissue.

Right kidney one-third larger than normal, dark maroon color, external appearance normal. Upon being laid open, one or two cavities in a state of cheesy degeneration appeared. The membrane of the pelvis showed small tubercular bodies similar to those met with in tubercular meningitis.

Bladder, normal in appearance, except the mucous membrane near the mouth showed a few small bodies similar to those in the pelvis of the kidneys. The prostate gland was normal in size. Cavity of abdomen normal. Blood-vessels normal. The small bodies found in the mucous membrane of kidneys and bladder showed under the microscope small granular cells and granules, similar to those found in tubercular deposits in the lungs of phthisis.

The *urine*, which was albuminous, contained blood-corpuscles, granular cells, and granular matter. No tube-casts were observed.

Remarks by Dr. Wm. Darrach.—The symptoms of the case were somewhat puzzling. The patient complained of frequent micturition, having to get up every hour, with pain at the head of the penis, pain in the back and under the shoulder-blade, also in the abdomen. He walked to the hospital, and for a day or two sat about under the trees, as the weather was warm. In a short time he became weak, and went to bed. His tongue became dry, and pulse frequent. The symptoms were those of *stone*, while they also suggested aneurism of the aorta.

The clear normal appearance of the urine at one time, and at others the chocolate-color and whitish deposit, showed how easily mistakes might be made in the diagnosis. Drs. James Darrach, Downs, Lovejoy, and Deaver saw the case. Dr. J. Darrach suggested the idea of tubercular nephritis.

Dr. James Tyson remarked that it was impossible to say from an examination of the specimens in their present condition, whether there were any tubercles or not. The large caseous collections, some of which were apparently breaking down and leaving large cavities or cysts, were, he thought, not tubercular, but inflammatory,—of the same nature as the products of a catarrhal pneumonia,—the area of caseous softening being extended by the pressure of the primary catarrhal product on the surrounding renal structure, whereby its nourishment was interfered with and it fell also into a state of caseous decay. If any tubercles were present, they should be found, as under similar circumstances in the lungs, at the periphery of the cheesy centres, having their origin in the infectious properties of the latter. True miliary tuberculosis of the kidney does, of course, occur, most commonly in children, as a part of a general tuberculosis. In this instance, judging from the apparent thickening of the walls of the bladder, and the apparently diminished size of its cavity, but without knowing whether there was pus in the urine, he was inclined to suppose that the catarrhal inflammation of the kidney was an extension by the ureter of an inflammation of the bladder.

Pericarditis; pleural effusion; pyæmic abscesses in walls of heart. By Dr. A. F. Müller, for Dr. R. W. Deaver.

G. O., æt. 6½, on Friday, May 25, fell, running a needle in his right leg, just above the knee, a part of which remained in the leg so deep as not to admit of removal. The two following days he appeared perfectly well. Monday evening I found him restless and delirious, with respirations 40, pulse 144, temperature 105°. There was a very slight swelling of the injured leg; he made no complaints when the leg was extended or flexed. Physical examination at this time revealed nothing. His temperature and pulse remained almost unchanged, whilst his respirations gradually increased to 66. On Wednesday evening I first detected pulmonary dulness and moist cooing râles in lower part of right lung. On Thursday morning there were very marked and distinct pericardiac and pleural friction-sounds, with some increase of the area of dulness. He died at three o'clock on Friday morning.

Post-mortem examination, forty hours after death.—Marked discoloration of abdomen, extending on right side almost to nipple. Slight œdema of right leg. A piece of needle, five-eighths of an inch in length, found deep in adductor magnus muscle. There was apparently no irritation produced here. The saphenous vein was free from thrombus or inflammatory change. The intestines were slightly distended with gas, otherwise perfectly healthy. Mesenteric glands and liver normal. Both pleural cavities contained effusion, and both pleuræ covered with recent organizable lymph. A portion of lower lobe of right lung completely carnified. The rest of lung-tissue—right and left—healthy. The pericardial sac contained about three ounces of serum. The heart was covered with a layer of recent lymph, nearly a line in thickness, and contained in its substance several small pyæmic abscesses.

Thursday Evening, June 28, 1877.

The President, Dr. H. Lenox Hodge, in the chair.

Membranous enteritis; intestinal casts. By Dr. De F. Willard.

THE intestinal casts presented are from a case of *membranous enteritis*, in the person of a previously healthy female, æt. 40, who

some six months before had been poisoned by excessive doses of podophyllin. The extreme purging was followed by an aggravated form of dyspepsia, with alternating constipation and diarrhœa, until about four months afterwards, when large shreds of membrane began to be passed at each stool, their voidance being preceded by tenesmus and torturing pain. This pain was of the most excruciating character, resembling severe colic, and was never absent except after a free escape of the membrane after large and repeated injections. The pain extended over the whole abdomen, and the tenderness of this region was such that every touch gave pain. Succeeding the stools the exhaustion was so great as to prostrate the patient for hours.

There was no fever, but loss of appetite, emaciation, and exhaustion were progressive as the dyspeptic symptoms increased. The fæces were ill formed, but scybala were frequent.

The membrane as passed was usually in long, partially-rolled shreds, presenting to superficial view the appearance of sections of a tapeworm. The color of the masses was a dirty yellow, and when floated in water they were seen to be of irregular shape, from laceration, and to consist of flakes of a thin, transparent, albuminoid substance, possessing considerable tenacity. After soaking in water they became whiter, and they were rendered dark and tough after lying a few days in Müller's bichromate of potash fluid.

At a later period they were seen at the bottom of the vessel in large whitish masses resembling pus and mucus, but when floated were found to be casts, apparently of small intestine, eight to ten inches in length. Their amount varied from two to four ounces per day.

The rectum was found ulcerated at several points, and there were internal hemorrhoids, both of which difficulties were benefited by appropriate local treatment.

The distressing pain was relieved by opium and stramonium suppositories; but, thus far, opium, nitrate of silver, bismuth, turpentine, sulphuric acid, poultices to abdomen, and two-quart injections of a half-grain solution of nitrate of silver, have done but little to check the casting off of this membrane.

Empyema; miliary tuberculosis; nodules in liver. By Dr. A. V. Meigs.

I wish to present to the Society this morning some specimens which Dr. Starr and I removed yesterday from the body of a child a little over three years old. I hope at some time to publish a more extended account of this very interesting case. The child had been suffering with pyothorax, and at times pneumo-pyothorax, for over a year. On April 17, about four ounces of pus were drawn from the right pleural cavity by the aspirator, and again on the 27th about six ounces more. The day before the second operation a gaseous tumor of about the size of a hen's egg made its appearance upon the upper anterior surface of the chest. This occupied the position of the second costal cartilage, which was eroded for about an inch. The tumor receded and became more prominent with each respiratory movement, and its walls were very thin, the air (for at that time there was evidently pneumo-pyothorax) being very close under the finger. The tumor could be easily pushed in, and then the finger entered the chest, between the first and third ribs. On May 3 a drainage-tube was introduced into the cavity. It was passed in in the ninth interspace and brought out in the sixth interspace. The operation was not easily done, because the ribs were pressed so closely together. There was a very large discharge of pus from the tube every day until the child died. For some time past the chest was washed out about twice a week with a solution of carbolic acid, f3j to Oij of water.

The whole right pleural cavity was full of pus, and the lung pressed into a very small space in front. The sternum had sunk in so that there was not a space of more than about two inches between it and the spinal column. The edges of the ribs seemed to overlap the sternum somewhat, so great had been the falling in of the right side. The left lung was slightly emphysematous, and contained a great many miliary tubercles. The liver was fatty, and we found one small abscess and several hard yellow spots of about one-third the size of a pea. The kidneys were fatty. Heart healthy.

There was considerable necrosis of several of the ribs, particularly the ribs between which the drainage-tube passed.

GLEANINGS FROM EXCHANGES.

Endocarditis Blennorrhoica (*The Medical Record*, August 11, 1877).—In a paper published in the *Archives Générales*, Dr. Marty gives the history of a case of gonorrhœa in a man 22 years of age, which was complicated by acute endocarditis located at the aortic valves. The principal symptoms were initial chill, fever (104° F.), systolic murmur over the aortic valves, palpitation of the heart, and precordial oppression. There was no rheumatism or metastatic articular affection.

Dr. Marty has collected nine other cases from the French literature, in which a disease of the heart or of the pericardium developed itself four or five weeks after the commencement of a gonorrhœa. Of the ten cases (including the above), seven were endocarditis and three pericarditis. Of the former, the affection was located four times at the aortic valves, and three times at the mitral valves. In eight of the cases the cardiac af-

fection was preceded by gonorrhœal rheumatism; in the other two cases there was no articular affection. The complication was sometimes ushered in by a chill, and frequently coincided with a cessation of the discharge from the urethra; in other respects its course did not vary from that of the ordinary form of endocarditis. The frequency with which the affection was located at the aortic valves was noticeable, the converse being the case in acute articular rheumatism. The case reported above ran a favorable course; the patient left the hospital with a systolic aortic murmur, but without demonstrable enlargement of the heart. The urethral discharge was re-established when the acute symptoms disappeared.

Dr. Marty concludes his paper with the assertion that any serous membrane may be attacked by inflammation during the existence of a gonorrhœa, and that this inflammation is consecutive to the primary disease of the urethra.

The Use of the Trephine in Depressed Fractures of the Skull (*The British Medical Journal*, July 21, 1877).—Dr. Robert S. Hudson, after alluding to the change in surgical opinion which has occurred since the time of Pott, and to the brilliant results which that surgeon obtained by the use of the trephine, proceeds to question the propriety of that change, and asks that the surgical practice of the mining districts around Cornwall be given its due weight in the consideration of the question. For many years the operation of trephining for depressed fracture of the skull has been of weekly, almost daily, occurrence, and, according to Dr. Hudson, a very large percentage of the cases recover. If death ensue, there are generally obvious causes to account for it, such as diffused injury with laceration of brain-substance, and fractured base; success usually depends on an early operation, as soon as possible after the accident. He sums up his remarks as follows:

"1. Surgeons practising in the mining districts around Redruth and Camborne have had, especially in former times, unusual opportunities for the study of head-injuries.

"2. In compound fractures of the cranium, it has been the invariable practice of the most experienced to elevate depressed bone by means of the trephine or Hey's saw, without waiting for symptoms of compression or irritation.

"3. It is believed by those surgeons that no danger whatever attaches to the operation *per se*: pyæmic risks are unknown; and recovery is the rule after trephining operations.

"4. So firm is popular belief in the efficacy of the trephine, that a surgeon who hesitated to employ it, under the plea of waiting for symptoms, would assuredly suffer in reputation, if, in the event of death, he were not put on his trial for manslaughter.

"5. Hospital statistics place herniotomy among the most dangerous operations; but the statistics of hospital surgeons in their private practice show to a demonstration that an operation for the reduction of strangulated hernia is practically harmless, even when it is necessary to open the peritoneal sac, and that the risk is directly proportionate to the length of the ignorant delay which has been allowed to exist previous to the operation. (Holmes's System of Surgery, vol. iv. page 692.) Although the parallel is not in every respect a complete one, we employ the trephine at the earliest possible period, and aim at preventing mischief by removing all sources of irritation.

"6. No matter how deeply prejudiced against the trephine our young surgeons may be when fresh from the schools, a few years' experience generally dispels the illusion; they become converts to the practice of the district, and cease to look on its employment as antiquated surgery."

In *Guy's Hospital Reports* for 1877, Mr. Davies-Colley contributes two interesting cases in which the trephine was successfully employed, and adds, "These two cases support the rule which most of our text-books either miss or fail to impress, that in punctured fracture of the skull it is the surgeon's duty to trephine at once, without waiting for symptoms of compression or irritation."

The Formation of Corrosive Sublimate in the System (*The American Practitioner*, August, 1877).—It has recently been asserted that calomel in powder, mixed with powdered white sugar or magnesia, forms, in twenty-four hours, a corrosive sublimate. According to the *Osservatore Med. Sic.*, Nos. 1 and 2, 1877, Dr. Polk has observed all the effects of poisoning by corrosive sublimate produced by the administration of calomel and sugar prepared for a month. The examination of the remainder established the presence of a notable quantity of the bichloride of mercury. The same fact is stated in the *Journ. de Pharm. et de Chem. de Turin*, November, 1875, where pastilles were used. The pastilles contained sugar, which acted on the calomel and transformed it into the bichloride. On the other hand, Carlo Bernadi, pharmacian, Milan, has made numerous experiments, and concluded that the poisoning was not due to the formation of corrosive sublimate, but to the impurity of the calomel employed. Further experiments are necessary to settle this point, and they will not certainly be very difficult. Calomel, fortunately, may be given in various other ways, as by simply putting on the tongue without any mixture.

Laceration of Duodenum (*Buffalo Med. and Surg. Journ.*, July, 1877).—Dr. Stoddard reports the case of a man, æt. 33, who, at 1 P.M., October 9, 1876, received a blow upon the epigastrium from a piece of board about three

feet long and six inches wide, thrown back by a circular saw against which it had been placed for the purpose of division. The blow fell in the median line about two inches above the umbilicus. Examination, external, revealed a hardly noticeable abrasion; nothing else. Patient pale and exsanguine; skin cool; pulse 52 and very slow; pain at seat of injury intense; abdominal muscles rigidly contracted; stimulants, and everything taken into the stomach, instantly rejected. Chloroform, with hot fomentations, and one-sixth of a grain of morphiæ sulph., hypodermicaliy, relieved the pain after a short time. At 6 P.M, easy, pulse 84; at 10 P.M., easy, pulse 94; at 12 P.M., pulse 96; urine by catheter, ℥vi.

October 10, 7 A.M., has been quiet to this time; restless, pulse 110; weak, respiration short; constant desire to urinate; no urine by catheter; failed rapidly, and died at 9.30 A.M., twenty-one hours after receipt of injury.

Post-mortem, nine hours after death.—Rigor mortis well marked; slight emphysema of subcutaneous cellular tissue of abdomen, chest, neck, and face, principally of left side. External marks of injury: a very slight abrasion about two inches above the umbilicus, in the median line; abdomen slightly distended by gas; on opening thorax and abdomen, traces of injury very apparent. The muscles of abdominal wall ecchymotic internally at seat of injury; small clots of blood lying upon the intestines below the stomach, and the abdominal cavity contained three pints of bloody fluid and clots; the intestines and omentum highly congested; the stomach appeared normal, with the exception of slight congestion of its lower portion. At its pyloric extremity was the seat of lesion; at this point a laceration had occurred, separating the duodenum transversely from the pylorus; the upper margin of the liver showed a slight laceration and contusion; lungs healthy, except considerable emphysema.

TUMORS OF THE VAGINA (*Boston Med. and Surg. Journ.*, August 23, 1877).—Dr. Neugebauer has collected thirty-four cases of fibromyoma of the vagina from different medical works, and has come to the following conclusions:

1. Solid tumors of the vagina not carcinomatous are rare.

2. These are generally either fibroids or fibro-myomas, and very rarely pure sarcomas.

3. Their situation may be anywhere in the vagina. The development of the tumor is not in any way connected with the age of the patient.

4. The tumor usually grows slowly, but it can be very large and weigh even ten pounds.

5. They generally cause no inconvenience, but may be so large as to prevent childbirth.

6. The operation for their removal depends on what sort of a base they have. Severe hemorrhage can very easily occur. The result is in most cases favorable.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM AUGUST 26, 1877, TO SEPTEMBER 8, 1877, INCLUSIVE.

NORRIS, B., MAJOR AND SURGEON.—Granted leave of absence for one month. S. O. 186, A. G. O., September 1, 1877.

ALDEN, C. H., MAJOR AND SURGEON.—To join his proper station, Fort Townsend, W. T. S. O. 117, Department of the Columbia, August 16, 1877.

MCCLELLAN, E., MAJOR AND SURGEON.—Relieved from duty in Department of the South, and to report in person without delay to the Commanding General Department of the Columbia for duty. S. O. 185, A. G. O., August 31, 1877.

GREENLEAF, C. R., MAJOR AND SURGEON.—Relieved from duty in Department of the Gulf, and to report to Commanding General, Division of the Atlantic, for instructions, with view to accompany Third Infantry to the West. S. O. 188, A. G. O., September 4, 1877.

GARDNER, W. H., CAPTAIN AND ASSISTANT-SURGEON.—To proceed to Greenville, S. C., for the purpose of looking after medical property, and then rejoin his station, Allegheny Arsenal, Pittsburgh, Pa. S. O. 197, Division of the Atlantic, August 28, 1877.

SMART, CHARLES, CAPTAIN AND ASSISTANT-SURGEON.—To proceed at once from Camp Douglas, U. T., to Camp Brown, Wy. T., and report to Colonel Merritt, Fifth Cavalry, for field service. S. O. 109, Department of the Platte, August 31, 1877.

KINSMAN, J. H., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in Department of the Gulf, and, on expiration of his present leave of absence, to report in person to Commanding General, Division of the Atlantic, for duty. S. O. 188, c. s., A. G. O.

DE WITT, C., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to temporary duty at Fort Fred. Steele, Wy. T. S. O. 107, Department of the Platte, August 28, 1877.

DE HANNE, J. V., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Concho, Texas. S. O. 153, Department of Texas, August 27, 1877.

FITZGERALD, J. A., CAPTAIN AND ASSISTANT-SURGEON.—Upon arrival of Surgeon Sternberg at Fort Lapwai, Idaho T., to transfer to him the medical property of the post, and then report, without delay, to the Commanding General of the Department, in person, in the field. S. F. O. 34, Headquarters, Department of the Columbia, in the field, July 22, 1877.

KING, J. H. T., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort Clark, Texas, as Post-Surgeon. S. O. 153, c. s., Department of Texas.

PAULDING, H. O., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon conclusion of summer's campaign, to accompany First Cavalry to Fort A. Lincoln, D. T., and report to the commander of that post for duty. S. O. 113, Department of Dakota, August 21, 1877.

HALL, WM. R., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to duty at Camp Macbeth, Kamiah, Idaho T. S. F. O. 31, Headquarters, Department of the Columbia, in the field, July 18, 1877.

TAYLOR, M. E., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To proceed to Baton Rouge Barracks, La., for the purpose of looking after medical property, and then rejoin his station, Wilkesbarre, Pa. S. O. 197, c. s., Division of the Atlantic.

GARDNER, E. F., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort A. Lincoln, D. T., and assigned to duty at Fort Ellis, M. T. S. O. 113, c. s., Department of Dakota.

CORBUSIER, W. H., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To proceed to Chattanooga, Tenn., for the purpose of looking after medical property, and then rejoin his station, Jeffersonville, Ind. S. O. 197, c. s., Division of the Atlantic.

ROBINSON, S. Q., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in Department of West Point, and to accompany the Third Infantry to the West. S. O. 186, A. G. O., September 1, 1877.

DAVIS, WM. B., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at St. Louis Barracks, Mo., and to report in person to Commanding General, Department of Dakota, for duty. S. O. 185, c. s., A. G. O.

FOUGERA'S COMPOUND IODINISED

COD-LIVER OIL.

Since the introduction of this oil in 1858, it has been found to be superior to all other kinds of Cod-Liver Oil for the treatment of ***General Debility, Consumption, Scrofula, Rickets, etc.***

It possesses not only all the ***nourishing*** qualities of the best Cod-Liver Oil, but also the ***tonic, stimulant, and alterative*** properties of ***Iodine, Bromine, and Phosphorus,*** which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod-Liver Oil.

Through its ***increased curative action, FOUGERA'S COD-LIVER OIL*** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod-Liver Oil would fail entirely.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

A most useful, convenient, clean, and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths:—Plaster No. 1, of pure mustard; Plaster No. 2, of one-half mustard. Price 40 cents the tin box or tin roll, of 10 plasters each. DIRECTIONS.—Dip the plaster or plasters a minute or two in cold water; apply on the part, and cover with a band.

FOUGERA'S COMPOUND ICELAND MOSS PASTE.

(Iceland Moss, Lactucarium, Ipecac, and Tolu.)

Used with great success against Nervous and Convulsive Coughs, Whooping-Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.

Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyro-phosphate of Iron, the active principles of anti scorbutic and aromatic plants, and acts as a ***tonic, stimulant, emmenagogue,*** and a ***powerful regenerator of the blood.*** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

E. FOUGERA, Pharmacist,
372 7th Street, Brooklyn, L. I.,
SOLE PROPRIETOR AND MANUFACTURER OF THE ABOVE,
To whom all special communications should be addressed.

E. FOUGERA & CO.,
30 North William Street, New York,
SOLE GENERAL AGENTS for the ABOVE,
To whom all orders should be addressed.

SOLD BY DRUGGISTS GENERALLY.

DOCTOR RABUTEAU'S
DRAGÉES, ELIXIR, AND SYRUP
Of Proto-Chloride of Iron.

The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragées, Elixir, and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hôpitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragées; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S
CAPSULES AND DRAGÉES
Of Bromide of Camphor.

These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti spasmodic* and *hypnotic* medicines."—*Gazette des Hôpitaux.*

"*Dr. Clin's Capsules and Dragées of Bromide of Camphor* are those employed in all the experiments made in the Hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragées 2 grains of genuine Bromide of Camphor.

N B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

E. FOUGERA & CO., Agents, New York.

WILL BE READY IN A FEW DAYS,

WOOD'S PHYSICIAN'S VADE-MECUM

AND

VISITING LIST.

Edited by H. C. WOOD, M.D.,

Author of "A Treatise on Therapeutics, Materia Medica, and Toxicology," etc., etc.

FROM THE EDITOR'S PREFACE:

This little pocket-book has been prepared at the instance of its publishers, because none of the similar works in the market have seemed fully to meet the wants of the profession. In the printed matter it is not intended to supply lack of education on the part of any one, or to replace larger books. The most highly educated persons, as well as the ignorant, are liable to forget, and knowledge which has lain unused for many years may be so covered up that it cannot be found in a sudden emergency. Thus, a physician may not have seen a serious case of poisoning in twenty years of practice, and yet the life of a patient may suddenly depend upon his prompt, immediate, and skilful attention. It is to remedy this forgetfulness in an unexpected emergency, to which all human beings are liable, thaf the preparatory matter is intended.

Most of the ruled blanks explain themselves. It may be noted that it is intended that transient memoranda should be kept on the erasable tablet upon the inside of the front cover of the book, and that the object of the small ruled space upon the otherwise blank page of the visiting list is to enable the physician to keep a record of office receipts in the book. Attention is also directed to the "Accounts Rendered," which are believed to be so complete that, except in cases of very large practice, the present volume will serve for the record of the whole year.

Bound in full Russia, pocket-book form, Price, $1.50.

Early orders solicited by

J. B. LIPPINCOTT & CO.,

715 & 717 MARKET ST., PHILADELPHIA, PA.

Get the Standard.

"It ought to be in every Library, also in every Academy and every School."—HON. CHAS. SUMNER.

WORCESTER'S

QUARTO DICTIONARY.

A large, handsome volume of 1854 pages, containing considerably more than 100,000 Words in its Vocabulary, with the correct Pronunciation, Definition, and Etymology.

Fully Illustrated. Library Sheep. $10.00.

FOR SALE BY ALL BOOKSELLERS.

J. B. LIPPINCOTT & CO., Publishers,
PHILADELPHIA.

JUST PUBLISHED.

A CHEAP EDITION OF

"PHYLLIS."

12mo. Paper cover. 50 cents.
Fine edition. Extra cloth, $1.50.

"It is fascinating to a high degree."—*New York Evening Mail.*

"A most delightful story."—*London Court Journal.*

"A very charming story."—*Portland Transcript.*

"One of the most fascinating novels that has appeared this year."—*New Orleans Times.*

☞ For sale by all Booksellers, or will be sent by mail, postpaid, upon receipt of the price by

J. B. LIPPINCOTT & CO., Publishers,
715 and 717 Market St., Philadelphia.

MEDICAL DEPARTMENT
OF THE

University of Buffalo,

BUFFALO, N. Y.

SESSION OF 1877-78.

Preliminary Term begins - October 3.
Regular Term - - - - November 7.

FEES.

Matriculation - - - - -	$5.00
Faculty - - - - - - -	100.00
Perpetual Ticket - - - - -	150.00
Graduation Ticket - - - -	25.00

For further information, address

THOMAS F. ROCHESTER, M.D., Dean,
BUFFALO, N. Y.

Centennial Medals

TWO AWARDS IN 1876, FOR

Marks' Patent First Premium Artificial Limbs.

The official report of judges and award by the United States Centennial Commission of the International Exhibition, Philadelphia, and also by the American Institute for 1876, and for many previous years; all of which, together with full description of the Limbs, recommendatory letters from eminent surgeons and patrons, illustrations of important cases pertaining to the superior merits of these historical, simple, substantial, and always reliable substitutes for lost Limbs, will be found in my ninety page Pamphlet, of SPECIAL INTEREST TO DISABLED SOLDIERS AND SEAMEN OF ALL RANKS.

COPIES SENT FREE.
ADDRESS

A. A. MARKS,
575 Broadway, New York.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT,

Thirty-Sixth and Woodland Avenue (Darby Road), Philadelphia.

ONE HUNDRED AND TWELFTH ANNUAL SESSION, 1877-78.

PROFESSORS.

CHARLES J. STILLÉ, LL D., Provost.
GEORGE B. WOOD, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
HENRY H. SMITH, M.D., Emeritus Professor of Surgery.
FRANCIS G. SMITH, M.D., Emeritus Professor of the Institutes of Medicine.
JOSEPH LEIDY, M.D., LL.D., Professor of Anatomy.
RICHARD A. F. PENROSE, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children.
ALFRED STILLÉ, M.D., LL.D., Professor of Theory and Practice of Medicine, and Clinical Medicine.
D. HAYES AGNEW, M.D., LL.D., Professor of Surgery and Clinical Surgery.
HORATIO C. WOOD, M.D., Professor of Materia Medica and Pharmacy.
WILLIAM PEPPER, M.D., Professor of Clinical Medicine.
WILLIAM GOODELL, M.D., Professor of Clinical Gynæcology.
JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy.
THEO. G. WORMLEY, M.D., LL.D., Professor of Chemistry.
JOHN ASHHURST, JR., M.D., Professor of Clinical Surgery.
——— ———, Professor of Physiology.*
WILLIAM F. NORRIS, M.D., Clinical Professor of Diseases of the Eye.
GEORGE STRAWBRIDGE, M.D., Clinical Professor of Diseases of the Ear.
HORATIO C. WOOD, M.D., Clinical Professor of Nervous Diseases.
LOUIS A. DUHRING, M.D., Clinical Professor of Diseases of the Skin.

New matriculates are required to attend three winter courses of instruction of five months each, consisting of graded didactic lectures, clinical lectures, and practical work in laboratories and hospitals.

CURRICULUM.

First Year.—Anatomy, Histology, Materia Medica and Pharmacy, General Chemistry, Physiology, General Pathology, and Morbid Anatomy. *Final examinations* in General Chemistry and Materia Medica and Pharmacy.

Second Year.—Anatomy, Topographical Anatomy, Medical Chemistry, Physiology, General Pathology and Morbid Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Surgery, Clinical Medicine and Clinical Surgery. *Final examinations* in Anatomy, Medical Chemistry, Physiology, General Pathology, and Morbid Anatomy.

Third Year.—Topographical Anatomy, Theory and Practice of Medicine, Surgery, Obstetrics, Therapeutics, Operative Surgery, Minor Surgery and Bandaging, Diseases of Women and Children, Didactic Gynæcology; *Bedside instruction* in Practical Medicine and Surgery; Practical Ophthalmology, Otology, Dermatology, and Electro-Therapeutics; Clinical Medicine and Surgery, and Special Clinics (Nervous Diseases, Diseases of Skin, Eye, Ear, and of Women and Children). *Final examinations* in Therapeutics, Theory and Practice of Medicine, Surgery, and Obstetrics.

In carrying out the above plan, advantage will be taken of the newly-furnished laboratories of the University, and of the great clinical facilities afforded by the University, Philadelphia, and Pennsylvania Hospitals.

Students who have attended one course in a regular† medical school will be admitted as students of the second course in the University, after having satisfactorily passed an examination in General Chemistry and Materia Medica and Pharmacy. Students who have attended two courses in a regular medical school will be admitted as students of the third course, after examination in General and Medical Chemistry, Materia Medica and Pharmacy, Anatomy, and Physiology.

Graduates of other regular medical schools in good standing will be admitted as students of the third course in this institution without any examination.

In the spring months, a valuable course on numerous practical and scientific subjects, by a large corps of professors and lecturers, is given; and the laboratories of Chemistry, Pharmacy, Histology, Physiology, and Pathology are open throughout these months, affording a valuable post-graduate course.

The Lectures of the Winter Session of 1877-78 *will begin on the first Monday* (1st) *of October, and end on the last day of February. The Preliminary Course will begin on Monday, September* 10.

FEES, IN ADVANCE.—First Course of Lectures, including Matriculation and Dissection, $155.00. Dissecting material free. Second Course, $140.00. Third Course, $100.00. Graduation fee, $30.00.

For Announcement, giving full particulars, address

JAMES TYSON, M.D., Secretary,
P. O. Box 2838, Philadelphia.

* The course on Physiology during the coming session will be delivered by PROF. TYSON.
† Homœopathic and Eclectic schools are not recognized as being in this category.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1877-78.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1877–1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

FACULTY.

ISAAC E. TAYLOR, M.D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M.D., LL.D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M.D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M.D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M.D.,
Professor of Orthopedic Surgery, Fractures, and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M.D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M.D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M.D., LL.D.,
Professor of Gynæcology.

WILLIAM M. POLK, M.D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, Jr., M.D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M.D.,
Lecturer on General, Descriptive, and Surgical Anatomy.

R. OGDEN DORFMUS, M.D., LL.D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M.D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M.D., LL.D.,
Professor of Psychological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M.D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M.D.,
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

LEROY MILTON YALE, M.D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M.D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During the Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

Students who have attended two full Winter Courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic rubber tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading physicians with never-failing success even in the most difficult cases.

Price, to Physicians, $8.00; to Patients, $12.00.

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express, C. O. D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO., 296 West Lake St., Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

LIPPINCOTT'S MAGAZINE

FOR OCTOBER:

HANDSOMELY ILLUSTRATED.

NOW READY, CONTAINING

THE FIRST PART OF

A CHARMING SERIAL STORY,

"FOR PERCIVAL."

CONTENTS.

1. CHESTER AND THE DEE. By Lady Blanche Murphy. Illustrated.
2. FOR ANOTHER. By S. M. B. Piatt.
3. AMONG THE KABYLES. By Edward C. Bruce. Illustrated.
4. "FOR PERCIVAL." A Story. Illustrated.
5. ABBEYS AND CASTLES. By H. James, Jr.
6. LITTLE LIZAY. A Southern Sketch. By Sarah Winter Kellogg.
7. THE BASS OF THE POTOMAC. By W. Mackay Laffan.
8. THE CHRYSALIS OF A BOOKWORM. By Maurice F. Egan.
9. A LAW UNTO HERSELF. A Story. By Rebecca Harding Davis.
10. ALFRED DE MUSSET. By Sarah B. Wister.
11. THE BEE. By Sidney Lanier.
12. "OUR JOOK." A Story. By Henrietta H. Holdich.
13. COMMUNISM IN THE UNITED STATES. By Austin Bierbower.
14. OUR MONTHLY GOSSIP. Notes from Moscow; A Day at the Paris Conservatoire; Brigham Young and Mormonism; The Education of Women in India.
14. LITERATURE OF THE DAY.

For Sale by all Book and News Dealers.

TERMS.—Yearly Subscription, $4.00, postage paid. Single Number, 35 cents. Liberal Clubbing Rates.

Specimen Number mailed, postage paid, to any address on receipt of 20 cents.

Medical Times and Lippincott's Magazine, $7.00.

J. B. LIPPINCOTT & CO., Publishers,
715 and 717 Market St., Philadelphia.

INTERNATIONAL EXHIBITION, PHILADELPHIA, 1876.

AWARD

For "General Excellence in Manufacture."

H. PLANTEN & SON,

224 William Street. (Established 1836.) NEW YORK.

GELATINE CAPSULES

OF ALL KINDS. ALSO,

Empty Capsules (5 sizes), for the easy administration of nauseous medicinal preparations.

List and Samples sent on application. Sold by all Druggists.

The Penn Mutual Life Insurance Company of Philadelphia.

ASSETS ACCUMULATED, $6,200,000.

The Penn is a purely mutual company. All of its surplus premiums are returned to the members every year. Dividends may be applied to reduce the premium or increase insurance as desired.

SAMUEL C. HUEY, President.
H. S. STEPHENS, Vice-President. H. AUSTIE, Secretary.
EDWARD A. PAGE, M.D., Medical Director.
EDWARD HARTSHORNE, M.D., Consulting Med. Examiner,

Women's Medical College

OF

PENNSYLVANIA.

The Twenty-Eighth Winter Session will open on Thursday, October 4, 1877, in the commodious new college building.

Clinical instruction is given in the Woman's Hospital, Pennsylvania, Wills, Philadelphia, and Orthopædic Hospitals.

Spring Course of Lectures, Practical Demonstrations, and Winter Quizzes are free (except for expense of material) to all matriculants of the year.

Address

RACHEL L. BODLEY, A.M., Dean,
North College Ave., and 21st St., Philadelphia, Pa.

NEW AND VALUABLE WORKS

JUST PUBLISHED BY

J. B. LIPPINCOTT & CO.

MEMOIRS OF J. Q. ADAMS.

Memoirs of John Quincy Adams, comprising Portions of his Diary from 1795 to 1848. Edited by Hon. CHARLES FRANCIS ADAMS. Vol. XII. 8vo. Extra cloth. $5.00.

This volume completes this valuable work, and contains an elaborate index to the twelve volumes.

"It should be in every public library, and in every private one of any pretension; for, as a work of reference in regard to all the facts of our history from the time of the Revolution till after the close of the war with Mexico, it is without an equal. A more tasteful and elegant publication has rarely been issued in America."—*Philadelphia Evening Bulletin.*

DANTE.

Edited by Mrs. OLIPHANT. 16mo. Extra cloth. $1.00. Being the *first volume* of a series of FOREIGN CLASSICS FOR ENGLISH READERS, a companion series to "Ancient Classics for English Readers."

"Flowing and full, yet free from tediousness. A popular introduction to Dante's writings both serviceable and tasteful."—*London Graphic.*

ON THE IMITATION OF CHRIST.

By THOMAS A KEMPIS. Beautifully illustrated with Etchings on Steel and Woodcut Engravings, and elegantly printed on superfine paper. Crown 8vo. Vellum cloth, gilt top. $5.00.

THE "MY" BOOKS.

Edited by UNCLE HERBERT, Editor of "The Budget," "The Prattler," etc.

MY PRIMER. With the alphabet in large letters, short stories in short words and large type. 66 Illustrations. 4to. Half cloth, elegant illuminated covers. 30 cents.

MY PET BOOK. A collection of pictures, and short stories with short words in large type. 75 Illustrations. 4to. Half cloth, illuminated covers. 50 cents.

MY OWN BOOK. A collection of pictures, and select stories and poems. Very fully illustrated. 4to. Half cloth, beautiful illuminated covers. 75 cents.

THE BUDGET.

A Picture- and Story-Book for Boys and Girls. Edited by UNCLE HERBERT, Editor of "The Prattler," "My" Books, etc. Elegantly illustrated. 4to. Bound in half cloth, gilt back, and illuminated sides. $1.25. Cloth gilt and printed. $1.75.

"Uncle Herbert is a real juvenile benefactor, and every boy and girl who sees 'The Prattler' will say so. To be sure, they will not say 'juvenile benefactor,' perhaps. Some bad little boys might call him a 'brick,' and some good little girls might say he 'was just splendid,' but they will all unite in saying that he is something that means the same thing as 'benefactor.'"—*Cincinnati Gazette.*

BIBLE TEXT CYCLOPEDIA.

A Complete Classification of Scripture Texts in the form of an alphabetical list of subjects. By Rev. JAMES INGLIS. New Edition. Crown 8vo. Extra cloth. $2.50.

HISTORY OF THE UNITED STATES

OF AMERICA. Including some important facts mostly omitted in the smaller history. Designed for general reading, and for academies. By JOSIAH W. LEEDS. 12mo. Extra cloth. $1.75.

"It is at once the most comprehensive and most condensed history of our country that has ever been written. It begins with the earliest voyages of discovery, and comes down to the present time."—*Philadelphia Evening Bulletin.*

NURSE AND PATIENT, AND CAMP

CURE. Two Essays. By S. WEIR MITCHELL, M.D., author of "Wear and Tear," etc. 18mo. Cloth. 50 cents.

"A very useful little hand-book. The contents originally appeared in *Lippincott's Magazine*, and created so wide and genuine an interest that they have been reproduced in the present form."—*Boston Transcript.*

REASON AND RELIGION,

WITH OTHER SERMONS FOR THE TIMES. Preached in the American Protestant Episcopal Church, Piazza del Carmine, Florence. By PIERCE CONNELLY, M.A. 12mo. $1.00.

A HAND-BOOK OF PUNCTUATION.

Containing the more important Rules, and an Exposition of the Principles upon which they depend. By JOSEPH A. TURNER, M.A. *New, revised edition.* 16mo. Limp cloth. 75 cts.

THE TEETH, AND HOW TO SAVE

THEM. By L. P. MEREDITH, M.D., D.D.S., author of "Everyday Errors of Speech," "Our Teeth and their Preservation," etc. *New, revised edition.* 16mo. Extra cloth. $1.25.

FAT AND BLOOD,

AND HOW TO MAKE THEM. By S. WEIR MITCHELL, M.D., author of "Injuries of the Nerves," "Wear and Tear," etc. 12mo. Fine cloth. $1.25.

"A work of special significance and value."—*Chicago Alliance.*

"It is written in the clear, polished style of a literary expert, and laymen as well as medical men will comprehend it and take pleasure in reading it."—*Philadelphia Evening Bulletin.*

PHYLLIS.

A Novel. By the "DUCHESS." Cheap Edition. 12mo. Paper cover. 50 cents. Fine Edition. Extra cloth. $1.50.

"It is fascinating to a high degree."—*New York Evening Mail.*

"A very charming story."—*Portland Transcript.*

☞ For sale by all Booksellers, or will be sent by mail, postpaid, upon receipt of the price by the Publishers.

J. B. LIPPINCOTT & CO., Publishers, Booksellers, and Stationers,

715 and 717 Market Street, Philadelphia.

MIAMI MEDICAL COLLEGE
OF CINCINNATI.

The next Session will begin October 3, 1877, with Preliminary Course from September 13. The College is well supplied with means for demonstrative teaching, having large museums, a students' laboratory, microscopes, etc.

The Clinical advantages are superior; two large Dispensaries being under the exclusive care of the Faculty, and daily lectures in the largest Hospital of the West.

FEES, $45.00.

The Recitation Course will commence March 15, 1878.

FACULTY.—John A. Murphy, M.D., Dean; Wm. H. Mussey, M.D.; E. Williams, M.D.; Wm. Clendenin, M.D.; Wm. H. Taylor, M.D.; T. H. Kearney, M.D.; J. C. Mackenzie, M.D.; J. B. Hough, M.D.; W. B. Davis, M.D.; Byron Stanton, M.D.

For circulars, etc., address

JOHN A. MURPHY, M.D., Dean, 163 West Seventh St., or
WM. H. TAYLOR, M.D., Secretary, 329 West Seventh St.

HOSPITAL GAZETTE
AND
ARCHIVES OF CLINICAL SURGERY.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Edited by EDWARD J. BIRMINGHAM, M.D., and FREDERICK A. LYONS, M D.

Subscription, including postage, $1.50 per year, invariably in advance.

This periodical was formed by the union of THE HOSPITAL GAZETTE and the ARCHIVES OF CLINICAL SURGERY, and retains the many excellent features of both of those journals. It consists of 40 large closely-printed octavo pages, on paper of the finest quality. The editors are assisted by an able corps of collaborators and reporters, and no trouble or expense is spared to maintain it as the representative journal of the country. The following departments are represented:

LECTURES, clinical and didactic, delivered at the principal schools and hospitals, and reported expressly for this journal.

ORIGINAL ARTICLES of practical value to the general practitioner, contributed by the best writers in the profession.

TRANSLATIONS of lectures and papers of importance and interest.

HOSPITAL RECORDS:—A leading feature of this journal is a special department devoted to the publication of the interesting cases in our larger hospitals. The cases are given in full, with explanatory and critical remarks, thus attaining the dignity of original articles.

PERISCOPE, under which heading appear abstracts of valuable articles from the pages of our contemporaries, prepared by men eminent in the profession.

CORRESPONDENCE upon matters of moment to contributors.

MISCELLANEOUS ITEMS of general interest.

BIBLIOGRAPHICAL NOTICES of new works and editions, prepared by an able corps of impartial reviewers, and made solely in the interest of our readers, and not in that of any college, clique, or publishing house.

Specimen copies sent ONLY on receipt of fifteen cents, which will be credited in case of subscription. Address all communications, of whatever nature, to

"THE HOSPITAL GAZETTE,"
NEW YORK CITY.

JUST ISSUED.

Fat and Blood, and How to Make Them.

By S. WEIR MITCHELL, M.D., author of "Injuries of the Nerves," "Wear and Tear," etc.

12mo. Fine Cloth. $1.25.

NURSE AND PATIENT, and CAMP CURE.
TWO ESSAYS.

By S. WEIR MITCHELL, M.D., author of "Wear and Tear," "Fat and Blood," etc.

(Reprinted from Lippincott's Magazine.) **18mo. Cloth. 50 cents.**

*** For sale by all Booksellers, or will be sent by mail, postpaid, upon receipt of the price by

J. B. LIPPINCOTT & CO., Publishers,
715 and 717 Market Street, Philadelphia.

ALWAYS SPECIFY "K. & M." IN ORDERING OR PRESCRIBING.

K. & M.

IMPROVED EXTRACT OF MALT

AND OTHER MALT PREPARATIONS,

COMPRISING

K. & M. MALT EXTRACT, Ferrated.
K. & M. MALT EXTRACT, with Cod Liver Oil.
K. & M. MALT EXTRACT, with Pepsin.
K. & M. MALT EXTRACT, with Hypophosphites.
K. & M. MALT EXTRACT, with Protochloride Iron.
K. & M. MALT EXTRACT, with COD LIVER OIL AND IODIDE IRON.
K. & M. MALT EXTRACT, with Beef, Wine, and Iron.

K. & M. INFANTS' FOOD.

Perfectly free from starch. A really physiological food. The next best thing to mothers' milk. Samples free.

THE K. & M. SOLUTION DIALYSED IRON.

The very best form of administering iron in chlorosis, anæmia, etc. Dialysed iron supplies nourishment to the blood, regenerating the red corpuscles with a rapidity far greater than any other preparation. It is chemically a neutral oxychloride, very slightly astringent and very strongly tonic.

K. & M. BRAND GRANULATED EFFERVESCENT SALTS

of which we are the largest manufacturers in America.

THE K. & M. GELATINE-COATED PILLS.

The most soluble pill made. The best class of pills for general use in prescriptions. Samples free. Send for pamphlet on Dialysed Iron, Malt Preparations, and New Remedies, to the Manufacturers,

KEASBEY & MATTISON,
332 N. Front St., Philadelphia.

ALWAYS SPECIFY "K. & M." IN ORDERING OR PRESCRIBING.

Medical, Dental, and Scientific Books.

REDUCED IN PRICE.

Lindsay & Blakiston, being desirous, as far as possible, of meeting the demand for books at **lower prices,** have very carefully revised the prices in their Catalogue, making very considerable reductions in many of their publications, amongst which are the following.

	Reduced to
Adams on Club-Foot. With numerous Illustrations	$5.00
Atthill's Clinical Lectures on Diseases of Women	2.00
Agnew on Lacerations of the Female Perineum, etc.	1.50
Acton on the Reproductive Organs. 5th Edition	2.50
Barth and Rogers's Auscultation and Percussion	1.00
Bradley's Comparative Anatomy and Physiology	2.00
Beale's Disease Germs. 2d Edition. 117 Illustrations.	4.00
Beale's Protoplasm. 3d Edition. 16 Colored Plates.	4.00
Bloxam's Chemistry. 2d London Edition	4.00
Balfour's Diseases of the Heart. Illustrations	4.00
Byford on the Uterus. 2d Edition, Enlarged	2.50
Black's Renal, Urinary, and Reproductive Organs	2.00
Black on Bright's Disease of the Kidneys. 20 Illustrations	1.50
Beasley's Book of 3000 Prescriptions. 5th Edition	2.50
Beasley's Druggists' General Receipt Book. 7th Edition	2.50
Beasley's Pocket Formulary. 10th Edition.	2.50
Carson's History of Medical Department of University of Pennsylvania	2.00
Carpenter's Human Physiology. 8th London Edition.	5.50
Chavasse's Mental Culture and Training of Children.	1.00
Clay's Hand-Book of Obstetric Surgery	2.00
Cormack's Clinical Studies. 2 vols., octavo	5.00
Cleaveland's Pronouncing Medical Lexicon. In Cloth.	1.00
Cole's Manual of Dental Mechanics. 140 Illustrations.	2.00
Cazeaux's Complete Text-Book of Midwifery. Cloth.	6.00
Dobell on Winter Cough, Bronchitis, etc. 3d Edition.	3.00
Dixon's Practical Study of Diseases of the Eye. 3d Edition	2.00
Dillnberger on Diseases of Women and Children. 2d Edition	1.50
Durkee on Gonorrhea and Syphilis. 5th Edition	3.50
Foster's Lectures and Essays on Clinical Medicine	3.00
Gant on the Bladder. 4th Enlarged Edition	3.50
Greenhow on Chronic Bronchitis	1.50
Greenhow on Addison's Disease. Colored Illustrations.	3.00
Hewitt on the Diseases of Women. 3d Edition. Cloth.	4.00
Hillier's Clinical Treatise on Diseases of Children	2.00
Handy's Text-Book of Anatomy	3.00
Hayden's Diseases of the Heart and Aorta. 2 vols., 8vo.	6.00
Hufeland's Art of Prolonging Life	1.00
Lawson's Diseases and Injuries of the Eye	2.00
Leber and Rottenstein on Dental Caries. Illustrated.	1.25
Lewin on the Treatment of Syphilis	1.50
Lizars on the Use and Abuse of Tobacco	.50
Macnamara's Manual of Diseases of the Eye. 3d Ed.	4.00
Mackenzie on Growths in the Larynx. Colored Plates.	2.50
Mendenhall's Medical Student's Vade-Mecum	$2.00
Maxson's Practice of Medicine	3.00
Madden's Health Resorts of Europe and Africa	2.50
Maunder's Surgery of the Arteries. Illustrations	1.50
Meadows's Text-Book of Midwifery. New Enlarged Edition	3.00
Miller on Alcohol, its Place and Power	.50
Overman's Practical Mineralogy, Assaying, etc.	1.00
Pennsylvania Hospital Reports. Vols. I., II., each.	2.00
Pereira's Physician's Prescription Book. Cloth	1.00
Piggott on Copper Mining, Copper Ore, etc.	1.00
Rindfleisch's Text-Book of Pathological Anatomy. Cloth	5.00
Richardson's Mechanical Dentistry. In Cloth	4.00
Reynolds's Clinical Uses of Electricity. 2d Edition	1.00
Radcliffe on Epilepsy, Pain, Paralysis, etc.	1.50
Roberts's Student's Guide to the Practice of Midwifery	2.00
Royle and Harley's Materia Medica and Therapeutics. 6th London Edition	5.00
Sansom on the Action and Administration of Chloroform	1.50
Sweringen's Pharmaceutical Lexicon. In Cloth	3.00
Sydenham Society's Report on the Progress of Medicine	2.00
Sewill's Dental Anatomy and Surgery. 77 Illustrations.	1.50
Tanner and Meadows on Children. 3d Edition	3.00
Taft's Dentistry. New Edition in Cloth	4.25
Trousseau's Clinical Medicine. Complete in 2 vols. Cloth	8.00
Thorowgood's Student's Guide to Materia Medica	2.00
Thorowgood on Asthma. 2d Edition	1.50
Tibbits's Hand-Book of Medical Electricity	1 50
Waring's Practical Therapeutics. 3d Edition. Cloth.	4.00
Wythe's Pocket Dose and Symptom Book. 13th Edition. Cloth	1.00
Wilks and Moxon's Pathological Anatomy. 2d Edition.	6.00
Wilson on the Skin and Hair. 8th Edition	1.00
Wilson's Hand-Book of Hygiene. 3d Edition	3.00
Wagstaffe's Human Osteology. 80 Engravings	3.00
Ward on the Liver	2.50
Wilson's Human Anatomy. 9th London Edition	5.00
Wedl's Dental Pathology. 105 Illustrations. Cloth.	3.50
Wells on Long, Short, and Weak Sight. A New Edition	2.50
Wright on Headaches. 7th Thousand	.50
Waters on Diseases of the Chest. 2d Edition	4.00
Walker on Intermarriage. With Illustrations	1.00

They have prepared **New Editions** of the following Catalogues of their publications, which they will send free to all who apply for them. **A Complete Alphabetically** arranged Catalogue. **A New Issue** (No. 4) of the **Medical Intelligencer,** containing our **New Books** and a **classified list** of our **Text-Books** and other works. Also, a **condensed classified list** for the pocket, or for enclosure in letters, envelopes, etc.

LINDSAY & BLAKISTON,

Medical Publishers and Booksellers,

No. 25 South Sixth Street, Philadelphia.

THE CELEBRATED WATERS.

HUNYADI JÁNOS.

The best natural Aperient Water.

DOSE: A wineglassful.

APOLLINARIS.

The most pleasant of Aerated Waters.

Refrigerant and slightly antacid.

These waters are recommended and prescribed by the most eminent of the medical profession abroad, and are coming into extensive use in this country, superseding all other similar waters.

We introduced them to the physicians of Philadelphia, and they have been much prescribed by those who have once ordered them.

McKELWAY & BORELL, Apothecaries,

(Successors to O. S. HUBBELL,)

1410 CHESTNUT ST., PHILADELPHIA.

TRY L'AMERIQUE **THE BEST CIGARETTE** AND JUST THE THING FOR SUMMER SMOKING.

MIXTURE OF PERIQUE AND VANITY FAIR.

Only Best French Cigarette Paper used. **HIGHEST CENTENNIAL AWARD.** Sample by mail, 15c.

FIVE PRIZE MEDALS. Ask Your Dealer for our Goods.

WM. S. KIMBALL & CO.,

Peerless Tobacco Works. **ROCHESTER, N. Y.**

THE GREAT EUROPEAN NOVELTY.

HUNYADI JÁNOS.

NEW APERIENT WATER.

Specially recommended for richness in aperient salts, and its efficacy in Bilious attacks, prevention of Gout, Piles, etc., and as an ordinary aperient, by LIEBIG, VIRCHOW, SCANZONI, and SIR HENRY THOMPSON, and the entire medical profession in England and Germany.

DR. J. MARION SIMS, New York. "As a laxative, I prefer it to every other mineral water."

DR. JAMES R. WOOD, New York. "Certain, but gentle and painless; superior to any other bitter water."

DR. WM. A. HAMMOND, New York. "The most pleasant and efficient of all purgative waters."

DR. ALFRED L. LOOMIS, New York. "The most prompt and most efficient; specially adapted for daily use."

DR. FORDYCE BARKER, New York. "Requires less, is less disagreeable and unpleasant than any other."

DR. LEWIS A. SAYRE, New York. "Preferred to any other laxative."

A WINEGLASSFUL A DOSE.

Every genuine bottle bears the name of THE APOLLINARIS Co. (Limited), London.

FRED'K DE BARY & CO.,

41 & 43 Warren St., New York,

Sole Agents for United States and Canadas.

FOR SALE BY DEALERS, GROCERS, AND DRUGGISTS.

APOLLINARIS

NATURAL

Mineral Water.

HIGHLY EFFERVESCENT.

DR. LEWIS A. SAYRE. "A delightful beverage. Great relief for sea-sickness."

DR. WILLIAM A. HAMMOND. "Far superior to Vichy, Seltzer, or any other."

DR. ALFRED L. LOOMIS. "Most grateful and refreshing."

DR. R. OGDEN DOREMUS. "Absolutely pure and wholesome; superior to all for daily use; free from all the objections urged against Croton and artificially aerated waters."

PROF. WANKLYN, London, Eng. "Impregnated only with its own gas."

DR. E. R. PEASLEE. "Useful and very agreeable."

DR. AUSTIN FLINT, DR. F. N. OTIS. "Healthful, and well suited for Dyspepsia, and cases of acute disease."

DR. JAMES R. WOOD. "Mildly antacid; agrees well with dyspeptics, and where there is a gouty diathesis."

DR. FORDYCE BARKER. "By far the most agreeable; alone or mixed with wine, useful in Catarrhs of Stomach or Bladder and in Gout."

DR. J. MARION SIMS. "Not only a luxury, but a necessity"

To be had of all Wine Merchants, Grocers, Druggists, and Mineral Water Dealers throughout the United States, and wholesale of

FRED'K DE BARY & CO.,

41 and 43 Warren Street,

NEW YORK.